United States Agency for International Development
Romania Office

Project Concern International
Medical Assistance to Romania

CA No EUR-0032-A-1025-00

Program Evaluation, June 1994

(Final Report, August 1994)

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Executive Summary

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Purpose of the activities evaluated

The Medical Assistance to Romania program has two components intended to address the needs of children at the entry and exit levels of the Romanian institutional system

(1) The **Newborn Screening, Treatment and Referral Training ("NEWSTART")** a series of training of trainers workshops for Romanian neonatologists and neonatal nurses designed to improve newborn services and reduce abandonment and the number of referrals to dystrophic centers

NEWSTART objectives are

- To train teams of neonatal medical and nursing professionals from 12 university hospitals to train 40 district (judet) level teams in screening treatment and referral of newborns
- To have 90 percent of newborns born in 12 university level hospitals and in 40 Judet hospitals screened for dystrophia and other problems treated and referred according to NEWSTART protocol
- To enable the Institute of Mother and Child to provide national oversight for the training program and expansion to outlying community hospitals

(2) The **Transitional Living Center and Supported Employment ("TLC")** an activity designed to help young people who have lived in institutions all of their lives manage the transition into mainstream society The TLC provides a way for institutionalized handicapped adolescents to leave institutions be rehabilitated and subsequently be integrated into the community as productive members of society

TLC objectives are

- To have 80 percent of children placed in the TLC be judged self-sufficient by TLC staff one year after leaving TLC as measured by employment housing, quality of life
- To have at least one additional TLC established by Romanian counterparts

Purpose of the evaluation and methodology used

The purpose of this interim evaluation was to (1) identify the successes and problems as measured against expected outcome (2) make recommendations for improvement and (3) outline the key issues related to sustainability The three-year cooperative agreement became effective 22 April 1991 and was to terminate in April 1994 A one year no-cost extension was granted (to 31 March 1995)

Key documents were reviewed Program staff and Romanian officials were interviewed Site visits to the TLC and to a NEWSTART workshop in progress were carried out, and additional site visits were made to state institutions community programs, and hospitals A focus group discussion was held with NEWSTART participants and structured interviews with participants were used to assess the value of NEWSTART in changing clinical practice

Findings and conclusions, general

- The evaluation team and the Romanian officials interviewed noted the commitment of the PCI staff to improving conditions of children PCI is contributing significantly to a new vision of health and social care for Romanian children

- It is not possible to evaluate the impact of the components on reduction of child abandonment and unnecessary institutionalization due to lack of sufficient data concerning the movement of children into and out of institutions

- Both components of the Project are in keeping with the stated objectives of the United States Seed Act Assistance Strategy for Romania, 1993-1995 They offer, " technical assistance and training for health care and social care workers, focusing on special needs children, both within institutions and the home ", and attempt to "improve

access to quality health and social care for the most vulnerable and disadvantaged populations especially abandoned children "

Findings and conclusions, Newborn Screening, Treatment and Referral Training

- While all newborns benefit from improved hospital services and the reduction of iatrogenic handicap the main causes of institutionalization (unwanted pregnancy difficult social and economic conditions teenage and/or out-of-wedlock pregnancy) are not directly affected by training in neonatology However, family centered care, a key element of the NEWSTART curriculum, may improve mother-infant attachment and thus prevent abandonment

- NEWSTART was intended to address the problem of children being inappropriately referred for treatment of dystrophia (wasting/stunting) However the screening treatment and referral activity outlined in the Detailed Implementation Plan (DIP - November 1992) was not carried out because "dystrophia" encompasses a variety of conditions with differing pathophysiology and prognosis Newborns therefore should not be screened for it and in fact the diagnosis should be dropped Participants were taught to evaluate growth failure and gestational age Moreover it was not clear how screening for dystrophia would alter existing realities concerning institutional placement

- The curriculum was designed by a volunteer American neonatologist and neonatal nurse who toured facilities and worked with Romanian counterparts to identify the needs for education in this subspecialty A Romanian neonatologist counterpart and PCI coordinator have provided the leadership, communication and structure necessary to assure the continuity of the workshops, coordination, and guidance to American teams

- Originally PCI planned to include obstetricians in the training but on advice from the Ministry of Health it was decided to focus on neonatal providers A Romanian non-governmental organization (NGO) was to be the counterpart agency, but subsequently the decision was made to work instead with the Institute for Mother and Child Care As the Institute is the leading teaching and research hospital in the country responsible for establishing standards for obstetric and pediatric care and for providing continuing education for medical and nursing personnel county-wide the change in plan is both appropriate and advantageous

- Six out of seven planned workshops have been conducted Participants have not completed training as trainers nor have they trained staff in the 40 judet hospitals as originally planned

- Course content is strong in pathophysiology and clinical management of common perinatal disorders, as well as in appropriate care for normal newborns and parents especially breast-feeding and nutrition infection control rooming-in involving fathers and working with parents Some attention has been given to managing change quality assurance and trainer preparation

- Data to assess teaching effectiveness and assimilation of course content were not available, however, a final examination is planned Follow-up at six and 12 months after completion of training was to be carried out to assess knowledge and attitudes about neonatal care and changes in clinical practice Currently, the plan is to have one assessment of clinical practice changes in September 1994 by the volunteer American neonatologist who did the initial assessment

- The DIP states that NEWSTART participants will train staff in 40 other district referral hospitals and in turn, the Institute for Mother and Child will assume responsibility for training staff from 160 other facilities The DIP does not give a realistic time frame and no plan was made at the outset for support to trainers Though willing to serve as trainers the participants expressed concerns about (a) having the translated materials needed to conduct training (b) adapting the training program to Romanian conditions and priority problems, especially resuscitation rooming-in and family centered care breast-feeding and nutrition, infection control and basic care for the high risk neonate, (c) having certification as trainers from the Government (d) getting the necessary support from department chiefs or local authorities to conduct the training

- Important clinical practice changes to benefit all newborns had been implemented in most of the participants' hospitals (e g , six of 11 hospitals had implemented at least partially, rooming-in and on-demand breast-feeding) Participants also learned a new way of working with parents that is more educational and interactive Clinical protocols for infant feeding, thermoregulation jaundice resuscitation, infection control and rooming-in were

developed in the workshops and have been submitted to the Ministry of Health for approval Following approval the protocols can be used to improve newborn care in hospitals

- Participants stated they had a deeper appreciation of the importance of skilled nursing care and a team approach An important secondary outcome of training was the recognition that with the introduction of "high-tech" neonatal intensive care equipment the technical support to maintain the equipment must be in place and technical assistance to become proficient in the use of the equipment in everyday clinical practice would be required in addition to the theoretical content provided in the workshops

- Another significant secondary outcome was the formation of the Romanian Neonatal Association The members are physician and nurse participants of the workshops This is a significant achievement with great potential for professional development quality assurance and advocacy in child health care

Recommendations, Newborn Screening, Treatment and Referral Training

By March 1995 the following activities should occur

- A comprehensive examination for certification of trainers should take place Content should be appropriate to the current level of skills/knowledge presented in the workshops A plan should be made which defines a minimum level of competence in the subject material *a priori* Tutorials for persons who do not pass the examination, and alternate examination dates for persons who do not pass the examination the first time should be arranged

- Prior to the last workshop the volunteer American neonatologist should inventory clinical practice changes in each of the participants' hospitals and the use of clinical protocols (especially the mechanisms for surveillance and action if problems are detected e g in infection control) The evaluation should help to identify any issues that may not have been covered in sufficient detail in previous workshops The planned survey of provider attitudes should not be done

- Train the trainers training needs to be given sufficient attention in the final workshop to prepare the teams for their role

- Certification of participants by the Ministry of Health as trainers in neonatal care should take place

- Hospital data on abandonment in relation to numbers of births and the introduction of clinical practice changes should be collected by year from 1990 onward (before and after the introduction of clinical practice changes) Data collection should begin September 1994 [However observational data from selected hospitals cannot and must not be considered conclusive evidence of an association between clinical practice changes and abandonment]

In the longer term we recommend that USAID continue to fund this component to complete the training of trainers activities As part of this follow-on activity, we also recommend

- The neonatologist volunteer coming in September 1994 should assist the counterpart neonatologist in the development of (1) the training of trainers curriculum, (2) the evaluation and monitoring plan for the training of staff in 40 judet hospitals and (3) the core curriculum for the training which would emphasize those aspects of care identified by participants as highest priority family centered care, resuscitation technique, infection control and nutrition and breast-feeding In addition a plan for the next phase of the component will need to be developed addressing such questions as division of roles and responsibilities among the parties, timeline for completion of training, evaluation plan, training locale technical assistance needs etc

- In the scope of work we were asked to consider whether and how NEWSTART could be extended to obstetricians under the next cooperative agreement The Ministry of Health prefers that obstetricians not be given a separate training The Ministry does not object to obstetricians being invited to participate with the neonatologists in the training outlined above on neonatal care

- The newly formed neonatal association should be encouraged to take up the issue of quality assurance and standards in neonatal care PCI and Support Centers International can facilitate the development of the Association and its work

Findings and conclusions, Transitional Living Center and Supported Employment

The original project proposal was based on several assumptions international adoptions would continue and accelerate institutions would empty and staff would be available for alternative employment and the Romanian Government would allow PCI to transform empty institutions into half-way houses staffed by Government employees Seventeen institutions were to be identified and their residents relocated to 10 half-way houses (converted institutions) The underpinning assumptions were untenable and the plan was refocused (see November 1992 DIP) to create one "model" Transitional Living Center

- Many steps went into implementation including consultancies to design the center and its rehabilitation program (which includes life skills social cognitive and occupational training) a survey of institutions (with the help of the Secretariat of State for the Handicapped) to identify a target population of young people who might benefit from the program, creation of a database from this information, development of a staffing plan, hiring of a full complement of staff and training them locating (with the help of the Ministry of Health) a suitable building and securing the lease and the many permissions required to renovate it, and fundraising for renovation of the main building and for the reconstruction of an outbuilding to be used as a training center The training workshop has not been completed but clients have been found jobs in the community to provide training opportunities

- The revised DIP stated that by the end date of the cooperative agreement 32 to 40 clients would have graduated and would have jobs and employment 40 to 50 adolescents were expected to benefit from the TLC annually Currently, there are seven TLC clients and one graduate (who is holding a job and living with his family) The others are now prepared to live in the community, and with support, have jobs and live in a supervised group home Sixteen more clients are expected but have not been transferred from institutions to the TLC because project staff are concerned about continued donor support The decision was made to start with a few clients in order to hire and train a full complement of staff Further staff felt they needed extra time to gain experience in working with clients to gain confidence in their own abilities before beginning full program operations However the success of the TLC depends on a sufficient client population and PCI should have enrolled more than eight clients by now for the benefit of staff and clients and because of the momentum it would have created with potential donors to the project Implementation of the TLC has been slower than expected since project management staff had no prior experience in developing or managing programs specifically for the handicapped and were learning on the job Additionally, rehabilitation and supported employment services of this type did not exist in Romania and for this reason there was no Romanian counterpart The project has utilized the services of foreign (primarily volunteer) consultants who have remained constant over the last two years

- While the intended beneficiaries are residents age 16 to 18 of institutions it should be emphasized that there are other young people with very mild handicaps are committed essentially for the rest of their lives to live in institutions for severely disabled and chronically ill adults These young people are socially isolated sometimes exposed to violence, and there is no programming or activities for them They may be slightly older than 18 years, but they are still wards of the state, and could benefit from placement in TLC

- The TLC curriculum is state of the art The strengths of the TLC include detailed individualized program plans for clients (with goals and objectives and monitoring of outcomes) a monitoring and recording system of client progress, sensitivity to client choice and preferences, family planning and personal social needs, team work and communications, and involvement of clients in setting goals for themselves

- A key issue yet to be faced is what are the implications of the economic transition for supported employment activities? It is not clear to what extent local farms businesses and industries will be able to accommodate TLC clients once the TLC is fully operational

- PCI plans to rent or purchase six to 10 "training" group homes for graduates to phase them in to community living Students are expected to move from these homes in time, to an independent living situation either locally or in another district Analysis of the capacity of the nearby town or villages to provide housing for the graduates has not been done

- A high level of community support for the TLC exists Further, the Secretariat of State for the Handicapped is interested in developing alternatives to institutionalization and plans to open group homes/sheltered workshops - an indicator of the success of the TLC in demonstrating the feasibility of alternatives to institutionalization for handicapped youth SSH has requested a cost-benefit analysis of the TLC

- A local Romanian NGO is to take over the management and financing of the TLC Several issues need to be resolved before this can happen The NGO is staffed by volunteers Volunteer staffing for a program of direct service provision in developmental disabilities is not a standard or feasible practice PCI plans to open a joint PCI/local NGO office to facilitate the shift of financial and managerial control of the project PCI is also negotiating with another American NGO to provide additional technical assistance in the development of the Romanian NGO Currently, there is no legal means for the local government to contract for social services through a private organization

Recommendations, Transitional Living Center and Supported Employment

The following priority activities should occur by March 1995

- A joint NGO/PCI office should be opened as planned On-site supervision should be provided until the NGO is able to assume supervisory responsibility One PCI staff member will be seconded (in July 1994) to that office to help facilitate next steps in the project securing housing for graduates making contact with the local child protection authorities and developing a plan for follow-up and a social services safety net for clients, facilitating NGO development helping to develop an Advisory Council for the TLC clarifying the roles of the NGO and PCI and helping to develop a personnel manual for the staff of the TLC

- The training workshop equipment needs to be obtained and installed A (gratis) consultation with Washington State University Small Business Development Center should be sought to assist with a business plan for the workshop

- Finalize the plan for Ministry of Education certification of TLC staff

- A contingency plan is needed to assure that operational costs are always covered to avoid delays in community placement for TLC clients ready to graduate and in bringing new clients awaiting discharge from institution

As neither the local NGO or the Secretariat of State for the Handicapped are prepared to take over the management or financing of the TLC at this time we recommend that the USAID continue to fund the component and the following activities be carried out under the next cooperative agreement

- PCI should broaden their eligibility criteria to also include young people (to age 30) in institutions for adults

- PCI needs to outline the stages and associated activities of NGO development that are anticipated and the indicators that will be used to determine success Assumptions about the time frame for the NGO to assume full operations of the TLC need to be stated PCI also needs to state what role it will take in this process Staff assignments and roles need to be defined as well as the role of Support Centers International staff

- PCI should continue to strengthen communications and relationships in partnership with SSH, especially at local level, with periodic reporting to the Secretariat of State It would be useful to arrange to send the Secretariat of State on a study tour to observe similar models of community-based services for the handicapped

- A feasibility study is needed so that the community is prepared for the social and economic implications of deinstitutionalization This should include a cost-benefit and community impact analysis A developmental disabilities specialist should be consulted to assist with the cost-benefit analysis It will also be important to clarify who is responsible for TLC clients when they are "independent" Clients are wards of the state so this may have important liability implications for PCI

- Clarify assumptions regarding the number of clients to be served over what time period To have a cost-effective center the number of clients must be increased

Findings and conclusions, project management

- The agency has an office in Bucharest and is registered as a legal entity in Romania The central office has five support staff and five professional staff The TLC has a staff of 20 Romanians have been trained and hired for all but one and a half positions in the agency This is a substantial achievement

- No overall organization chart was provided during the evaluation to illustrate the reporting relationships The TLC project site had an organization chart displayed Job responsibilities were outlined for the purpose of job recruitment but have not been updated or documented in writing

- Workplans were developed for both project components but did not include timelines and assignment of responsibilities Ongoing difficulties exist between PCI management and USAID/Romania with regard to Detailed Implementation Plans and methodology for documenting progress in quarterly reports in achieving logical framework objectives and activities

- A budget reporting and monitoring tool that can be used in the field for management and planning purposes does not yet exist Currently a budget report developed by PCI headquarters is periodically provided to the field office This budget report conforms to the USAID/Washington format, but because it is not broken down by component and does not include revenue sources it has led to confusion in the field office about original budget assumptions in relation to current budget status For example, PCI is concerned whether they currently have enough funds to carry through to the end of the cooperative agreement, but there is insufficient budgetary data available to substantiate their needs PCI headquarters is in the process of improving its financial information systems The new system provides mechanisms to monitor and manage budgets more effectively

- A local currency grant agreement was implemented in 1992 in support of the TLC There were delays in implementing the grant due to changes within the Government of Romania and construction delays due to weather In addition the absence of a comptroller and a legal advisor at the USAID/Romania office was cited by PCI field and headquarters staff as well as USAID staff as a major factor resulting in significant delays in processing local currency advances since financial review took place in Washington or Budapest These delays contributed to additional losses in the value of lei due to inflation

Recommendations, project management

- Review TLC staffing patterns and roles and responsibilities

- Develop a personnel manual for the agency Attention should be given to reviewing all job responsibilities updating job descriptions

- Reconcile the DIP (November 1992) budget and grant agreement budget to the current financial status Include actual expenditures and outstanding balance by line item for hard currency, local currency PCI contributions, and other contributions (cash and in-kind)

- PCI should document in writing reporting requirements which may be confusing or otherwise hamper good communications between the PCI field office and USAID/Romania USAID Washington and their own head quarters USAID should clarify and specify in writing for the benefit of all parties their expectations for periodic reporting and project evaluation Discrepancies in expectations among the parties should be resolved as soon as possible Format guidelines (or examples) should be provided to PCI by USAID PCI should develop detailed workplans, including persons responsible and due dates for each project component

- Develop accounting and budget reporting formats that will be useful for the cost-benefit analysis

- Develop data management systems for tracking, analyzing and evaluating program information and outcomes

- Provide guidance to the Romanian NGO in development of procedures and management systems

- Initiate an internal management assessment and review

1 Purpose of the evaluation

The purpose of the evaluation is to focus on the on-going development, management, and implementation of the project by PCI The evaluation (1) identifies the successes and problems as measured against expected outcome, noting modifications and constraints which may have hindered progress, (2) makes recommendations for improvement in project management (including fiscal management), program implementation, and collaboration and cooperation with Romanian and foreign NGOs, the Government of Romania, the Government of the United States, and international organizations, and (3) outlines the key issues related to sustainability in light of the ever-changing situation in Romania Additional questions specific to particular aspects of the components of the project are outlined in the scope of work (*Annex A*) and are addressed, in turn, in the findings, conclusions and recommendations

The evaluation is an interim review The three-year cooperative agreement became effective 22 April 1991 and was to terminate in April 1994 A one-year, no-cost extension was granted so the final project assistance completion date (PACD) under the current cooperative agreement is 31 March 1995

2 Evaluation team composition and study methods

2 1 Composition of evaluation team

The evaluation team was composed of an independent evaluator, representatives of USAID/Romania and PCI Headquarters, and representatives of the major Romanian agencies with which the program interacts including the Secretariat of State for the Handicapped (SSH) and the Institute for Mother and Child Care (affiliated with the Ministry of Health) An additional member represented an interministerial committee charged with developing national policy on child protection (the National Committee for Protection of Children)

2 2 Methodology

We reviewed key documents (*Annex B*) to determine (a) what had been proposed and funded, (b) the original assumptions of the project and whether or not they were realistic, (c) what steps of the detailed implementation plan had or had not been completed to date, and what needs to be done within the stated time frame to achieve stated objectives

Program staff (expatriate and Romanian) and Romanian officials were interviewed (*Annex B*) The information sought included mainly (a) their opinions about the value of the project, (b) what the project had achieved so far, (c) how the project fit with their own vision of social and health sector restructuring, and (d) aspects of collaboration and cooperation among Romanian and foreign NGOs and between the PCI office and the Government of Romania, the US Government, international organizations and local officials Particular attention was given to the question of sustainability, i e , how the project components might eventually become part of the "official" Romanian social and health sectors Management issues were discussed with program staff and financial data were analyzed to outline cost-benefit issues

Site visits to the Transitional Living Center (TLC) and to a Newborn Screening, Treatment and Referral (NEWSTART) workshop in progress were carried out Additional site visits were made to

state institutions, NGO administered community programs, and pediatric and maternity hospitals (*Annex B*)

A focus group discussion was held with the participants of the NEWSTART program The physician/nurse participant teams were also interviewed separately, using a structured interview format (*Annex C*) to assess the value and impact of the program in changing clinical practice

3 Background

3 1 Economic, political and social context of the project

In Romania, the transition to a market economy is taking place in difficult conditions The economy, already in decline throughout the 1980s, became progressively worse by 1989 and the centralized administrative mechanisms were unable to reverse the trend An aggravating factor leading to the political changes of 1989 was the increasingly irrational and capricious political leadership In 1993, inflation was approximately 300 percent This year, the estimated annualized rate of inflation is expected to be about 100 percent Unemployment is 11 percent (and this is undoubtedly an underestimate) Romanian families are slipping into poverty and the children of the poor continue to be at risk for institutional placement

3 1 1 The causes of institutionalization

It is not known how many children were in institutional care in Romania prior to the political changes of 1989, but estimates as high as 142,000 have been cited (UNICEF 1990) Foreign adoptions, a new law guaranteeing 12 months maternity leave for working women, and repeal of laws of the former regime which prohibited family planning and abortion have decreased the institutionalized population considerably (to about 80,000-85,000) (UNICEF 1993) According to the Ministry of Labour and Social Protection, a slight increase (about 8%) occurred in 1993 in the numbers of children in institutional care Thus the problem of institutionalization continues to plague Romanian society

A number of factors contributed to the extraordinary demand for institutional child care in pre-revolution Romania and to the general acceptance of institutionalization as the only alternative for families in crisis Couples were asked to have large families as a patriotic duty and contraception and abortion were forbidden Many unwanted children were abandoned in maternity hospitals Investment in health and social programs for families with children decreased Educational programs in nursing, social work, special education and psychology were discontinued in the decades preceding the revolution Responsibility for decisions regarding institutional placement was placed in the hands of physicians or tutelary authorities (local child protection committees) Physicians could be punished if an infant in their care died out of hospital The result was a tendency to refer children inappropriately to hospitals and institutions if there was any doubt about their welfare in the home environment (UNICEF, Ministry of Health, Institute of Mother and Child 1991)

Since 1989, much has happened to improve the situation, but problems remain Steps have been taken to reform the economic policies of the previous regime, but the economic transition is still taking a heavy toll on families with children The passing of a law allowing mothers 12 months' maternity leave and the repeal of a law banning contraception and abortion were significant steps toward preventing institutionalization of children Training for the tutelary authorities is underway to present alternative placement programs and to reduce over-referral to institutional care Curricula

and educational programs for nurses and social workers have been designed and implemented in the Romanian higher education system Much less attention has been focused on faculties of medicine and upgrading training for pediatricians This is unfortunate since pediatricians have considerable latitude in decision-making concerning the need for institutionalization And while physicians are no longer persecuted for the death of an infant at home, they still have a tendency to seek medical solutions for social problems since there are few alternatives (UNICEF, Ministry of Health, Institute of Mother and Child 1991)

Many of the children in institutions have one or more chronic health problems Their families (if they can be traced) have multiple social problems They are the children of the most economically vulnerable subgroups of the population young, unmarried, or single mothers, the physically or mentally ill, Romanies, and those who have low educational attainment and thus little hope of finding employment or of improving their living conditions Having too many children, a child out of wedlock, or a handicapped child is a powerful reason for institutionalization (UNICEF, Ministry of Health, Institute of Mother and Child 1991, Ocrotiti Copii 1992) Economic factors and having a child out of wedlock are emerging as the two most common reasons for abandonment of children according to recent a survey conducted by Holt International Children's Services in the cities of Bucharest and Constanta (*Fig 1*)

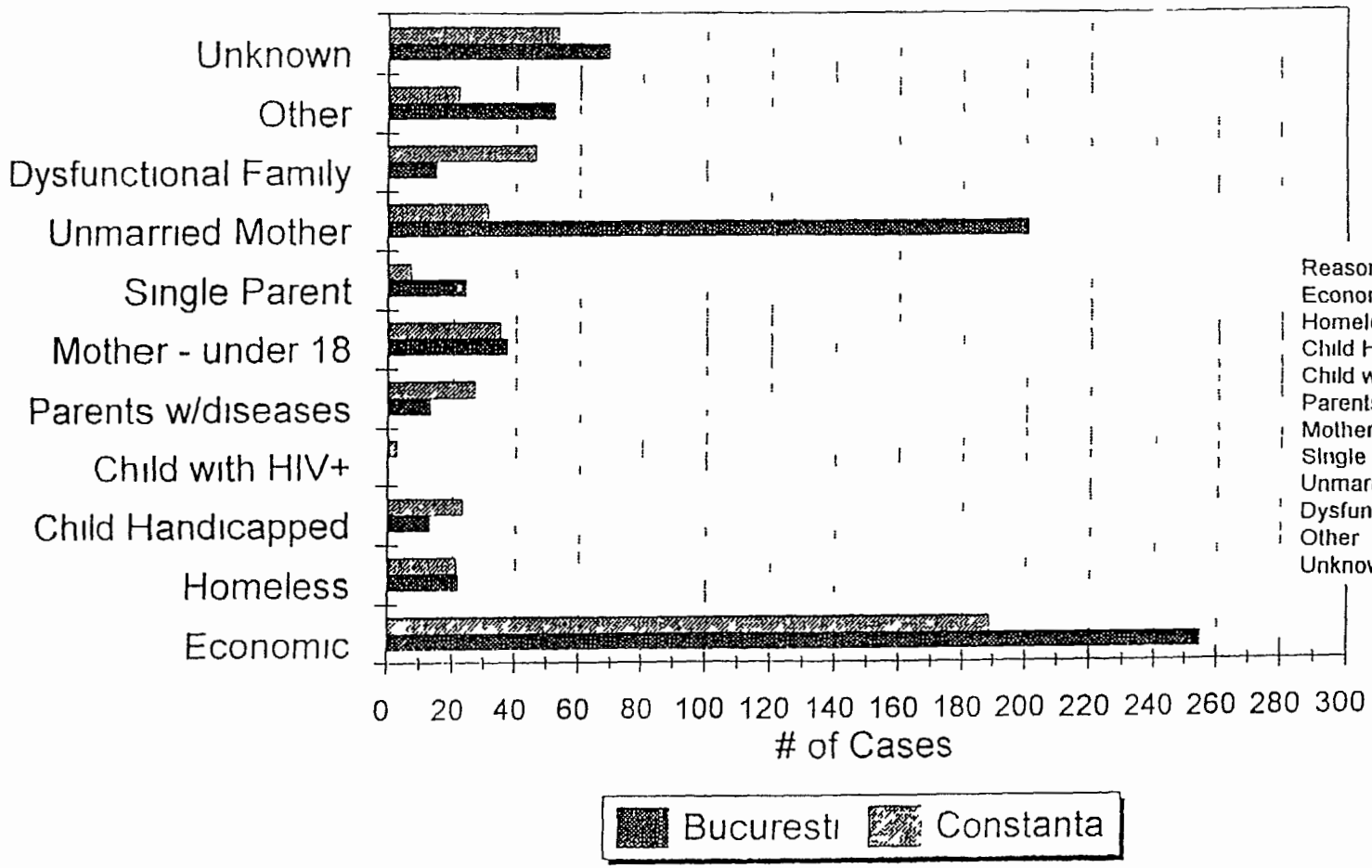
'Dystrophia' (wasting/stunting) is the most common medical reason for referral to institution Sixty five percent of children admitted to institutions for children aged zero to three years are diagnosed as dystrophic Dystrophia may be either primary or secondary, the first resulting from true protein-calorie malnutrition and the second from prematurity, low birth weight, failure to thrive, or an underlying health condition Children with congenital anomalies, metabolic conditions, AIDS, intrauterine growth retardation, and failure to thrive are classified as dystrophic and may be treated similarly to children with true protein-calorie malnutrition These children, who cannot be expected to exhibit normal patterns of growth, are institutionalized for months and sometimes years for feeding and medical supervision (UNICEF, Ministry of Health, Institute of Mother and Child 1991) The institutionalization itself often contributes to the deterioration of normal and medically fragile children because of a lack of sufficient and appropriately trained staff to respond to individual needs Clearly, pediatric referral practices, like the practices of the tutelary authorities, are in need of modification

Physicians' decisions about referral or extended hospitalization of dystrophic children are often made with the social circumstances of the family in mind For example, current policy in maternity hospitals is to discharge low birth weight babies when medically stable and when they have reached approximately 2500 grams Rightly, discharge may not occur if there is doubt about the ability of the family to adequately care for the child However, few hospitals have a trained social worker on staff to conduct an assessment of the home situation, and few resources are available to help families cope with a medically fragile newborn or the social problems in which they may find themselves Of course, given the strong correlation between socioeconomic status, low birth weight and infant death, there is a chain of events whereby poverty leads to infant morbidity, which in turn, leads to institutionalization or prolonged hospitalization Thus, the existing reality in Romania is that medical decisions are often based, in part, on social factors and there are few alternatives for pediatricians to do otherwise

Although practices are changing, the maternity hospital policies are out of date, and may contribute to the problem of abandonment[1] by not facilitating the development of mother-infant attachment

Reasons for Abandonment

Comparision by Social Service Center



Reasons	Bucuresti	Constanta
Economic	255	189
Homeless	22	21
Child Handicapped	13	23
Child with HIV+	0	3
Parents w/diseases	13	27
Mother - under 18	37	35
Single Parent	24	7
Unmarried Mother	201	31
Dysfunctional Family	15	46
Other	52	22
Unknown	69	53

Figure 1

Maternity hospitals generally do not allow rooming-in Mothers and babies are separated for hours after birth, babies are admitted to a central nursery while mothers are taken to the postpartum ward to recover Mothers breast-feed their babies every three to four hours in a common room They are gowned and masked to do so Against the recommendations of WHO and UNICEF (WHO 1989), infants are given supplementary glucose water or water by bottle during the first days following birth Fathers and other family members are not allowed to visit Mothers are not allowed to care for their own babies and physicians and nurses provide mothers little information about the condition of their babies

3 1 2 Institutional care and services for the handicapped

Handicapped children placed in institutions are likely to remain wards of the state Even those with very mild retardation, normal intelligence but physically handicapped, or mild medical conditions which could ordinarily be treated and controlled with a minimum of medical supervision, find themselves institutionalized and then committed at age 18 to institutions for adults with severe mental disorders, and there they remain for the rest of their lives Just a few years ago, there was a widespread belief that children and young people with mental and physical disabilities could not be rehabilitated This view has changed considerably over the last four years - so much so that the Secretariat of State for the Handicapped (SSH) is considering a plan for the development of a group home/sheltered workshop type model in an effort to help reintegrate young people currently residing in institutions into mainstream society and is seeking ideas about alternative models

The National Committee for the Protection of Children ('CNPC' - an Interministerial policy-making body) states that this new attitude has implications for training and educational preparation of health and social care workers For example, where once speech therapists were trained to rehabilitate children with relatively minor disorders, now they must be able to help children with major disorders (who were formally classified as 'irrecouperable') CNPC also acknowledges that many children in institutions do not need to be there and could be better cared for in the community In addition, (and this sentiment is echoed by the SSH), better networking, collaboration, and sharing of lessons learned is needed between Government agencies and Romanian and foreign non-governmental organizations (NGOs) in order to make the most of each others' experience and contribute to emerging strategies for child protection

Many reforms have been enacted in recent years to benefit the handicapped Tax incentives and disincentives are in place to encourage large businesses to hire handicapped persons Home based services for the handicapped are now available [2] Severely handicapped individuals are entitled to a home helper (paid for by the State) and an allowance (50% of minimum wage) They have priority for telephone installation and are not required to pay tax for telephone use They are not required to pay tax for radio or television, or on land they might own They get free medicine and free transport on the local bus service and limited free transport on trains for travel throughout the country Benefits for people with moderate and mild handicaps are not so extensive (they may include tax breaks but not home helpers or cash allowances)

Services for the handicapped (both institutional and home-based) are administered by the judet (county) authorities However, the system of institutions subordinated to the SSH is a national network and placement decisions occur centrally This is an important distinction since it has implications for the prospects of communities attempting to deinstitutionalize young people and provide community care

3 1 3 Reforms and pending options

Shortly after the political changes of 1989 private adoptions were both easy and common Adoptive parents (usually foreigners) found Romanian parents who agreed to give up their child Money often changed hands There was no control over the process and no one to see to the best interests of the child The new laws governing adoption that went into effect in July 1991 have made significant changes in legal procedures Foreigners and Romanian citizens living abroad must adopt through an adoption agency which has been approved by the Romanian Committee for Adoption Children in institutions cannot be adopted by a foreigner unless the biological family (when there is one) has an opportunity to take the child back To reduce the frequency of long-term institutionalization, directors of institutions may petition the courts to withdraw parental rights (so that a child may become eligible for adoption) if the child has remained in institution longer than six months without parental or family contact

Prior to 1989, there was no opportunity to develop community models of care and little in the way of community services for children with developmental disabilities This may be changing gradually but at present, the possibilities for local governance and control over the financing of service provision is limited The local council makes a proposal regarding service provision needs and budgetary allocations to the Ministry of Finance The final decision on the budget as a whole is taken by the Parliament Then allocations are made centrally to the local authorities to administer At least some local administrators of services for the handicapped are not pleased with this so-called reform in that it bypasses the SSH whose job it was under the old system to defend the budget proposal for handicapped services in Parliament Local authorities do have some leeway in generating revenues through local taxation but this makes up a tiny fraction of the overall budget for all service provision, and these funds are not earmarked solely for service provision at local level for the handicapped

3 2 Project description

PCI's initial efforts in Romania from 1990 to 1992 focused on the needs of disabled children in institutions under Project Number 186-0001, (Children in Romania Project) PCI organized teams of American volunteer orthopedic, plastic, ear, nose and throat, and ophthalmologic surgeons and nurses who came to Romania to provide surgery to children More than 300 children received surgery Among other activities, PCI also organized volunteer physical and occupational therapists to provide post-operative therapy

As mentioned previously, in April 1991, PCI received USAID funding to implement the current three-year program to provide "medical, health, educational and social services to children who currently reside in institutions, to protect those at risk of inappropriate placement in institutions, and to increase the capacity of the Romanian public and private health and social service agencies to provide improved care for these children" (p 1 PCI Detailed Implementation Plan, Medical Assistance to Romania, April 22, 1991 - March 31, 1995 revised to include no cost extension of project)

The early history of this project was characterized by staff changes which especially affected project direction and markedly delayed implementation (*Table 1*) The Country Director for Project No 186-0001 was initially hired to manage the new Medical Assistance to Romania Project when the grant was signed in April 1991 As a result of recommendations related to project management issues in the Children of Romania final evaluation, there were staffing changes in the management of

the PCI project The Country Director left in October 1991 and was replaced by an Interim Director until the present Country Director was hired and located to Bucharest in January 1992 A Project Coordinator for the TLC component was hired in February 1992 In July of 1992, a no-cost extension was requested which was approved in September A revised Detailed Implementation Plan (DIP) was submitted in October and approved in November 1992

Table 1 Chronology of events in current cooperative agreement between PCI and USAID

4/91	Agreement signed TLC & NEWSTART, 180-0032 2, PACD=April 1994
9/91	Mid-term evaluation of 186-0001, PCI management review
10/91	First Country Director left Interim Country Director assumes duties
11/92	Revised DIP and Local Currency Grant approved
1/92	New Country Director arrives
2/92	Project Coordinator hired
3/92	Consultant recommends TLC redesign
7/92	No cost extension requested
8/92	Submitted Local Currency Proposal and draft revised DIP
9/92	Extension to 4/95 approved
10/92	Final revised DIP submitted

The project has two components intended to address the needs of children at the entry and exit levels of the Romanian institutional system for children

(1) **Newborn Screening, Treatment and Referral Training** ("NEWSTART"), a series of training of trainers workshops for Romanian neonatologists and neonatal nurses designed to improve newborn services generally, reduce abandonment of children (in maternity wards) and reduce the number of referrals to dystrophic centers, and the

(2) **Transitional Living Center and Supported Employment** ("TLC"), an activity designed to help handicapped young people who have lived in institutions all of their lives manage the transition into mainstream society

Because these components have distinctly separate characteristics, findings, conclusions, lessons learned and recommendations for each will be presented separately However, several points that apply to the project as a whole should be underlined *a priori*

- The evaluation team and the Romanian officials interviewed noted the commitment of the PCI staff to improving conditions and providing alternatives for children at risk of abandonment and young people in institutions PCI is contributing significantly to a new vision of health and social care for Romanian children

- Both components of the Project are in keeping with the stated objectives of the United States Seed Act Assistance Strategy for Romania, 1993-1995 NEWSTART and the TLC offer, " technical assistance and training for health care and social care workers, focusing on special

needs children, both within institutions and the home ", and attempt to "improve access to quality health and social care for the most vulnerable and disadvantaged populations especially abandoned children "

- Although the overall purpose of the project is to reduce abandonment and unnecessary institutionalization, it is not possible to evaluate the impact of the components on these social problems due to lack of sufficient data concerning the movement of children into and out of institutions

4 Newborn Screening, Treatment and Referral Training (NEWSTART)

The NEWSTART component trains neonatal doctors and nurses with the goal of reducing the numbers of infants entering the institutional system The purpose of NEWSTART is to improve critical care of newborns through the development of screening, treatment and referral protocols appropriate to Romania's current level of medical technology, while advancing the expertise of the emerging subspecialty of neonatology

NEWSTART's current objectives are

(1) To train teams of neonatal medical and nursing professionals from 12 university hospitals to train 40 district (judet) level teams in screening, treatment and referral of newborns

(2) To have 90 percent of newborns born in 12 university level hospitals and in 40 Judet hospitals screened for dystrophia and other problems, treated, and referred according to NEWSTART protocol (*Annex D*)

(3) To enable the Institute of Mother and Child to provide national oversight for the training program and expansion to 160 additional outlying community hospitals

4 1 Findings and conclusions

4 1 1 Project design, logistics and operations

The overall course curriculum (*Annex F*) was designed by a volunteer American neonatologist who toured facilities and worked with Romanian physicians and nurses to identify the needs for education in this subspecialty He was accompanied by an obstetrical nurse in the initial needs assessment

The neonatologist who serves as the head of the Institute of Mother and Child newborn services is the Romanian counterpart She, along with the PCI Coordinator and Assistant Coordinator plan and facilitate each workshop They and review and translate lesson plans, course outlines and other materials in advance and disseminate these materials to the course participants

American specialists volunteer their time and pay their own travel costs Each team (composed of at least one neonatologist and one neonatal nurse, but very often other resource people with specialized skills and knowledge) briefs the incoming team to help coordinate lesson plans and focus material to the appropriate level to build on what was presented previously

The Ministry of Health (MOH) and each local Sanitary Directorate authorize time off from regular duties for the participants, provide travel and per diem costs, make available training venues,

facilities, and interpreters, and provide American volunteers and PCI permanent staff the documentation required to receive hotel accommodation at reduced rates PCI locates and handles the logistical arrangements for American volunteers, workshops, customs and importation agreements, maintains ongoing relationships with contacts in the MOH and in the Institute for Mother and Child Care, and helps coordinate activities to assure continuity and the smooth running of the workshops

The maximum length of the workshops is 10-14 days and all workshops are conducted in major cities (on a rotating basis) Seven workshops were to be conducted by the completion date of March 1995 the last was originally scheduled for April 1994 Six workshops have been successfully conducted to date (June 1994) The last workshop is to be held in September 1994 The workshop schedule is ending later than planned because it was necessary to accommodate the many participants' schedules (24 participants from 11 sites) and to coordinate with the different American volunteer teams The DIP called for a flexible schedule recognizing that there would be many variables affecting coordination According to participants, PCI staff and American volunteers, workshops have run smoothly and there have been no problems with overlap in the content of lectures presented by the various teams

The original proposal and DIP called for obstetricians to be included in the training of the University Hospital teams (herein referred to as the participants) who would eventually serve as trainers for staff in other hospitals around the country On the advice of the MOH, obstetricians were excluded at this stage of the project

4 1 2 Project assumptions

The assumption underpinning NEWSTART is that training in neonatology will impact on the numbers of children referred to institutions However, the main causes of institutionalization (unwanted pregnancy, difficult social and economic conditions, teenage and/or out-of-wedlock pregnancy) are not directly affected by training in neonatology Family centered care (with rooming-in and exclusive, on demand breast-feeding) may improve mother-infant attachment and thus (theoretically) prevent some abandonment, but family centered care is not the only answer to this complex and incompletely understood social phenomenon On the other hand, during the economic transition, the economic factors associated with abandonment may worsen, so it is important for health care providers to do what they can to strengthen families through the services they provide

It is also important to acknowledge that neonatal intensive care of very low birth weight babies may increase the burden of handicap in a population and lead to further institutionalization if there are inadequate community supports to help parents care for handicapped children in the home It may also divert resources and investments in primary prevention programs with proven cost-effectiveness that benefit all children Romanian health providers need to recognize this and avoid the temptation to rely on medical/technological solutions to social problems

The second objective of NEWSTART was based on the erroneous assumption that newborns could be screened for dystrophia The screening activity was not carried out per the recommendation of the American volunteer neonatologists Instead, an expert on birth defects accompanied one of the American teams and presented information on prematurity and growth retardation He discussed the concept of dystrophia as a "waste basket" term He emphasized that screening for dystrophia is not possible and that the diagnosis should not be used The skills needed to distinguish growth failure and small size were presented and participants were asked in the first workshop to collect

anthropomorphic growth data on newborns in their respective hospitals According to the neonatologist counterpart, this activity has been ongoing but data were not provided to the evaluation team

4 1 3 Beneficiaries

Beneficiaries were to be 90 percent of infants born in 12 university hospitals and 40 judet hospitals who are at risk of being placed into institutions because of dystrophia (see 4 1 1) It remains to be seen whether any child so diagnosed benefited from NEWSTART, but undoubtedly all newborns will benefit from improved hospital services and the reduction of iatrogenic handicap In addition, the project would strengthen the counterpart agency (the Institute of Mother and Child Care) and enable it to continue to provide training, as noted above, to all remaining maternity hospitals in Romania

4 1 4 Convention with the Ministry of Health

A Convention between the Romanian Ministry of Health, The Institute for Mother and Child Care, and PCI was signed 25 January 1993 (*Annex E*) and outlines the major roles and responsibilities of each organization All terms stated therein and assigned to the MOH and to the Institute of Mother and Child have been fulfilled The MOH was keen to implement NEWSTART training as it is consistent with and complementary to the terms of the World Bank loan which provides for training in neonatology

4 1 5 Counterparts

The Romanian Society for Contraceptive and Sexual Education, a non-governmental organization founded by obstetricians, was at first, thought to be the most appropriate counterpart agency for PCI Subsequently, the decision was made to work with the Institute for Mother and Child Care as it is the leading teaching and research hospital in the country and is affiliated with the MOH The Institute is responsible for establishing standards for obstetric and pediatric care and for providing continuing education and training for medical and nursing personnel county-wide This change to the original plan is both appropriate and advantageous since it has important implications for sustainability

4 1 6 Teaching effectiveness

Written multiple choice or true-false examinations of clinical knowledge were given before and after each workshop These data were used for trainees' self-evaluation and for the American trainers to be able to adjust the content of the next workshop These data were not saved as there was concern among the participants about identifying themselves (which was required for self-evaluation) and making public their test performance Thus, it is not clear how much of the material presented in the workshops was understood or assimilated However, USAID staff who observed the training over six modules report that the pre-test scores for the later modules were generally lower than those of the earlier modules (revealing less familiarity with the content), but that post-test scores remained consistently high

The participants expressed appreciation for the fact that the American teams did not simply present information that they could have read in textbooks They felt the information and the way it was presented was accessible and well integrated through the use of case studies The teams gave practical advice on how to adapt and apply principles taught to local conditions Rotating the venue

for the workshops around the country enabled participants to assess the current national level of clinical practice in neonatology and to compare this with American practice - an experience they said was extremely valuable

The American volunteer trainers reported that the nurse participants, because their training had included little anatomy or physiology, had to work particularly hard to keep up and learn the material presented As the material became more difficult, the nurses asked for extra tutorials

4 1 7 Course content

Course content is strong in the pathophysiology and clinical management of common perinatal disorders, as well as in appropriate care for normal newborns and parents, especially breast-feeding and nutrition, infection control, rooming-in, involving fathers, and working with parents Less attention was given to issues fundamental to assuring capacity-building in all aspects of health services delivery [3] The gaps in the knowledge base of providers was described succinctly in a memo following the first workshop (18 February 1993) by Brian Saunders, one of the American volunteer neonatologists

> " Physicians and nurses do not know how to evaluate care They have not been exposed to the concepts of quality assurance, quality improvement, or continuous quality improvement They do not understand levels of care, regionalization of services, or the populations needed to 'drive' adequate volumes for a quality operation Concepts of utilization review appear to be unknown Physicians and nurses do not have fundamental statistical knowledge They have not been taught the fundamentals of clinical research They do not know how to critically read a journal article "

To partially address these gaps, a management consultant (volunteer) participated in the fourth workshop and conducted a session on management issues, quality assurance and how to implement change In addition, several lectures were given on teaching and preparation for training, but, according to participants and to a specialist on training of trainers consulted by one member of the evaluation team (BR), more adult education content to prepare participants as trainers is needed

4 1 8 Training of trainers

The first NEWSTART objective (the 12 teams trained will, by the end of the project, train staff in 40 other judet hospitals, and in turn, the Institute for Mother and Child will assume responsibility for training staff from 160 other facilities) has not been accomplished and will not be accomplished before the end of the project All participants stated that they had shared information from the training with colleagues in their own hospitals in various ways - either by photocopying materials and distributing them, by demonstrations of selected procedures (especially resuscitation and handwashing), or by incorporating the content into the clinical teaching program for pediatric residents

As previously mentioned, it not clear to what extent participants have assimilated the information for the workshops Thus it is difficult to assess whether all participants are adequately prepared to be trainers The Project Coordinator and the Neonatologist Counterpart from the Institute of Mother and Child did specify that participants could not be trainers unless they attended all workshops, and 90 percent of the teams have done so As an added evaluation criterion, the Neonatologist

Counterpart insisted that participants make changes in the practices of their own hospitals An examination for the purpose of MOH certification is planned

The project needs a plan for provision of technical/logistical support for a successful train the trainers program The level of interest among NEWSTART participants in training others is high (all participants expressed interest and willingness to participate in a training of trainers program) However, the participants expressed concerns about

- Having the materials needed to conduct training, e g , slides, videos and written materials in Romanian
- Having the appropriate certification as trainers from the Government, or recognition as experts in the field of neonatology
- Getting the necessary support (i e , time away from regular duties with pay or authorization) from department chiefs or the judet sanitary (health) directors Five out of 11 physician members of the teams said they would either have difficulty getting, or would not be allowed, time off from regular duties to conduct the training Many of the nurses said they would have to work as trainers in their "spare time"
- Adapting the training program to Romanian conditions and priority problems, especially resuscitation, rooming-in and family centered care, breast-feeding and nutrition, infection control, and basic care for the high risk neonate
- Agreeing on a common approach to training that should be used The participants are unclear whether they should continue with a team approach or have one training for nurses and one for physicians, some suggested that physicians and nurses should have different course content Some want to limit future training activities to their own hospitals or judets

Initial discussions about these concerns and outstanding issues will be held at the last training workshop in September 1994 According to the project coordinator and the neonatologist counterpart certification is forthcoming from the Ministry of Health While many materials (e g books, videos, articles) brought by the American teams have been translated, there are many others that need adapting or initial translation These issues and others need to be resolved in the next phase of planning for the project

4 1 9 Impact of training on clinical practice

The training included discussion of clinical practices to benefit all newborns, not just those requiring intensive care These practices could be, and in many cases, have been implemented immediately and without any special equipment

In two out of the 11 teaching hospitals represented by the participants, universal rooming-in had been implemented (i e , all beds on the postpartum ward expect those reserved for intensive care are rooming-in beds) Another four hospitals had converted a proportion of postpartum beds for rooming-in, and most participants of the five remaining hospitals that did not allow rooming-in indicated they were hoping to implement it at some point in the future Six of the 11 hospitals allowed on-demand breast-feeding, five allowed the mother to initiate breast-feeding within 30 minutes after birth, two of these hospitals encouraged exclusive[4] breast-feeding by not routinely giving supplemental water to breast-fed infants [5]

In the focus group discussions, other changes mentioned by one or more participants included avoidance of polypharmacy and more rational use of essential drugs, avoidance of empiricism and

use of treatments not justified by the scientific evidence, avoidance of the use of exchange transfusion for treatment of neonatal jaundice through the use of phototherapy, and improved resuscitation and infection control technique Nurses in some hospitals had begun end-of-shift reports to improve communication for better patient care

Participants also learned a new way of working with parents that is much more educational and interactive One physician/nurse team described how they involve the mother in examinations of the baby, explaining to her all the things they observe about the baby, what the various tests are for, and the meaning of the results Another team described how they've changed the way they help parents with grief and grieving when a baby dies or is born with a handicapping condition Many participants' hospitals (7 of 11) also welcome fathers and other family members (grandparents, siblings) on the ward (a significant breakthrough indeed) Only two hospitals still had policies which excluded mothers and fathers from the intensive care unit - all others at least allowed the mother to visit, if not help take part in the care of her baby

Physician participants stated they had a deeper appreciation of the importance of skilled nursing care and a team approach The nurses felt they had a better appreciation of, not just what to do, but why one does it All participants felt they had acquired a higher level of professionalism Their interpersonal relations with colleagues and with parents had improved as a result of the course and the example set by the American volunteers They cited improved collaboration with colleagues, decreased rigidity in handling clinical situations, and improved communications through combined physician/nursing rounds

One volunteer neonatologist who had led two workshops several months apart reported some simple improvements in the physical plants of some hospitals visited For example, he noted that the hospitals had heat in the winter and screens on the windows to keep out flying insects Running water was convenient and reliable and soap and paper towels were available He also observed an improved understanding among hospital staff of medical gas, suction and electrical needs

An important secondary outcome of training was the recognition that with the introduction of "high-tech" neonatal intensive care equipment, the technical support to maintain the equipment must be in place, and technical assistance to become proficient in the use of the equipment in everyday clinical practice would be required in addition to the theoretical content provided in the workshops Thus, by providing content on technologically based intensive newborn care, participants developed a greater understanding of what is involved

The NEWSTART evaluation plan states that clinical protocols for infant feeding, thermoregulation, jaundice, resuscitation, infection control and rooming-in will be developed and implemented in participants' hospitals According to the Neonatologist Counterpart, these protocols have been submitted for approval by the Ministry of Health but are not yet fully in use

The evaluation plan also indicates that participants should be able to correctly classify low birth weight babies into sub-groups small for gestational age or premature and prescribe adequate caloric intake Data are not yet available to evaluate participants' performance in this or other areas of clinical expertise

The DIP outlines a schedule for the evaluation of teaching effectiveness Trainees' basic knowledge and practice skill level was to be assessed before and after each workshop Follow up six months after completion of training was to be carried out to assess knowledge and attitudes about neonatal

care Participants' hospitals (or a sample thereof) were to be visited at six and 12 month post-training to assess changes in clinical practice

Planning and instrument design for these evaluation activities has not begun The planned six- and 12-month post training surveys of participants' hospitals to assess changes in practice will not be completed before the end of the cooperative agreement An informal survey of the hospitals of participants to assess practice changes is planned for September but at present, there is no specification of what is to be assessed in each hospital, how practices will be observed or measured Though no baseline data with which to compare these findings are available, the person conducting the assessment will be the same person who completed the initial assessment and will be able to compare changes from the initial visit

4 1 10 Prospects for future strengthening of newborn services

That the same group met together for all workshops had the unexpected secondary benefit of creating group identity as neonatology specialists From interviews with participants and focus group discussions, it was apparent that these people had "a mission" to improve neonatal care and the knowledge to do it Tangible proof of this observation is the formation of the Romanian Neonatal Association This association has just been legally incorporated, the founding members are the participants (physicians and nurses) of NEWSTART It is a significant step toward recognition of the specialty of neonatology and neonatal nursing, but more importantly, it has great potential for promoting better newborn care

The Institute for Mother and Child, according to the DIP, is to serve as a resource center for neonatalogy This has not been operationalized so it is not yet clear how it would function or what would be necessary to develop its capacity to strengthen neonatology country-wide

4 2 Lessons learned

4 2 1 Volunteers can be used for teaching a series of workshops provided continuity is maintained

Different teams of American volunteers provided the training, although two teams came twice Obviously, the potential for lack of continuity in this situation was great But because the Neonatologist Counterpart in the Institute for Mother and Child and the PCI Project Coordinator responsible for logistics were particularly strong, and their responsibilities well coordinated, continuity was not a problem and expatriate teams were well prepared

4 2 2 A detailed evaluation plan is needed to assess the impact of project activities

A volunteer was recruited to assess the current state of neonatal care in Romania, and the written documentation that resulted from that visit was a list of concerns related to specific clinical procedures In retrospect, it would have been useful to have detailed documentation of clinical practices in order to provide baseline data for comparisons of changes in clinical practice resulting from the training program

According to the Neonatologist Counterpart, the problem of lack of an evaluation plan was recognized early on by the volunteers conducting the first workshop Various plans have been suggested and incorporated into the revised DIP, but no further progress has been made in designing

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the instruments to obtain valid information for evaluation purposes In the absence of a detailed evaluation plan and information collection system, few objective data were available to the evaluators to determine achievements vis-a-vis stated objectives

4 2 3 High-tech incentives

A useful lesson from NEWSTART is that training in neonatology, a medical specialty dependent on a very high level of technology, can incorporate many fundamental principles of clinical care to benefit not just the 10 to 20 percent of newborns requiring some medical care, but also the 80 to 90 percent of normal healthy newborns In this case, at least, the lure of information on the high-tech aspects of care created interest in the workshops The participants, with only one or two exceptions, are the chief neonatal pediatricians and chief neonatal nurses of the university hospitals where they work, a clear indicator of the level of interest in the program And as mentioned previously, there were important lessons learned by participants (1) technology isn't everything - most care, even for high risk babies, does not involve technological solutions, (2) technology must be used appropriately or it can do more harm than good, and (3) every country must set priorities in health care and build health systems from a solid foundation of basic services

4 3 Recommendations

By March 1995 the training of trainers and training of staff in outlying hospitals will not be completed, however, we recommend that the following activities occur in the remaining time for the project

4 3 1 Educational standards and certification

A comprehansive examination for certification of trainers covering all major subject areas should be given It should be written in collaboration with the American teams (e g , American teams and Romanian experts may submit a range of questions, and from this "pool" the examination questions can be selected Test pool questions may be taken (or adapted) from US Board examination review books, however, examination questions must be appropriate to the current level of skills/knowledge presented in the workshops A plan should be made which (a) defines a minimum level of competence in the subject material *a priori*, (b) outlines options for tutorials and alternate examination dates for persons who do not pass the examination the first time

According to the Neonatologist Counterpart, physicians will be certified post-training by the National Institute for Training of Physicians and Health Staff and the nurses by the Center for Continuing Training of Nurses As this is seen by the NEWSTART participants as a key to a successful training program in the next phases, we recommend that this take place as soon as possible after the final examination Certification bolsters morale It connotes recognition of expertise in a medical specialty that is not yet an 'official' subspecialty in Romania and sets the stage for developing quality assurance and practice standards

4 3 2 Content of final workshop linked to further evaluation of clinical practice and protocols

The volunteer American neonatologist who designed the curriculum for NEWSTART will return to give the final workshop in September 1994 We recommend that he inventory clinical practice changes in each of the participants' hospitals and the use of clinical protocols (especially the

mechanisms for surveillance and action if problems are detected) It is essential that the survey be conducted prior to the last workshop so that if needed, the content of that workshop can be altered to address any outstanding issues The guidebook entitled *Development and Application of Indicators for Continuous Improvement in Perinatal Care* of the Joint Commission on Accreditation of Hospital Organizations (available in USAID/Romania office) would be a useful tool Representatives from the Neonatology Association should be included in this exercise and the planning for it in order to build capacity in clinical review and evaluation

The evaluation should help to identify any issues that may not have been covered in sufficient detail in previous workshops Most importantly, since it is the last workshop, train the trainers training needs to be given sufficient attention to prepare the teams for the second phase of the project

4 3 3 Hospital data on outcomes in relation to clinical practice changes

Since hospital data on abandonment in relation to numbers of births and the introduction of clinical practice changes were not available, these data should be collected by year, from 1990 onward (before and after the introduction of clinical practice changes) However, it should be kept in mind that observational data from selected hospitals cannot be considered conclusive evidence of an association between clinical practice and abandonment

The planned survey of provider attitudes should not be done because we believe there would be marginal information gained from this exercise above and beyond the what has been ascertained from this evaluation Moreover, it would require expertise in the area of survey design which is not readily available to PCI

4 3 4 Support for development of the Romanian Neonatal Association

The formation of the Romanian Neonatal Association is a significant achievement with great potential for professional development, quality assurance, and advocacy The Association should be encouraged take up the issue of quality assurance and standards in neonatal care One of the American neonatologist volunteers suggested that the Association might eventually take on the task of recommending the standards and selecting examination questions (with the Institute of Mother and Child) and develop a mechanism to routinely review an update both the training curriculum and the examination for neonatologist certification PCI and Support Centers International can facilitate the development of the association and its work

4 3 5 Recommendations for USAID funding and planning for the next phase of cooperation

We recommend that USAID continue to fund this component to complete the training of trainers activities As part of this activity, a plan for monitoring and evaluating the training process of staff must be developed The volunteer neonatologist coming in September should assist the Counterpart Neonatologist in (1) development of the evaluation and monitoring plan, and (2) development of a core curriculum for the training which would emphasize those aspects of care identified by participants as highest priority family centered care, resuscitation technique, infection control, and nutrition and breast-feeding It is also important to emphasis the skills required to implement changes in clinical practice

In addition, many outstanding questions will need to be addressed in developing and implementing Phase II

(1) Should neonatal nurses and physicians continue to be trained together? According to the participants in the NEWSTART workshop, there are pros and cons to this and at the present time, there does not appear to be consensus

(2) Should obstetricians and midwives be invited to attend the training? In the participants' hospitals there has been growing awareness among obstetricians of the benefits the neonatologists have gained from the training, and as a result, obstetricians have indicated an interest to be included in the Phase II workshops

(3) The 40 judet hospitals should be given first priority for training in Phase II Is there justification to include the remaining 160 maternity hospitals?

(4) What would a realistic timeline be for completion of the training of all 200 (160 + 40) maternity hospitals compared with just the 40 judet hospitals, (i e , number and timing of trainings)?

(5) How can the Institute of Mother and Child take the lead in this activity given that it falls within their remit for training and scope of expertise? What would be the role of PCI staff, the Institute, the trainers, and the foreign experts?

(6) What would be the contribution of the Ministry of Health?

(7) What technical assistance would be needed? Many participants expressed concern that they would not be seen as "experts" until they received certification and unless they were accompanied by a foreign expert

(8) Will trainees be brought from outlying hospitals to the trainers' hospitals or vice versa? How would local costs be paid? Would trainers have the necessary support from their own hospital administrators to invest the time in training and preparation? How would the Institute of Mother and Child supervise these activities?

(9) What materials and logistics support are needed for trainers?

(10) What qualifications will be demanded of trainers? For example, if their own hospital does not have family centered care is it possible to train others in this practice? Similarly, some participants would prefer to only teach physicians or only those staff within their own judet - how will individual preferences and differences in level of commitment to the training program be handled?

(11) How will these activities be coordinated with UNICEF proposals to develop safe motherhood and baby-friendly hospital programs?

(12) Who will be responsible for initial assessment and post-training evaluation of clinical practices in participating hospitals?

4 3 6 Additional recommendations related to project expansion/development

In the scope of work we were asked to consider whether and how NEWSTART could be extended to obstetricians under the next cooperative agreement Our best advice is what we received from the Ministry of Health They strongly encourage that obstetricians <u>not</u> be given a <u>separate</u> training The Ministry is somewhat concerned about coordination and, perhaps competing activities involving obstetricians However, the Ministry does not object to obstetricians being invited to participate in the training outlined above on neonatal care

If a <u>new</u> training program is considered, the Ministry would prefer that it be given to midwives and to health visitors (dispensary nurses) Midwives have recently formed an association and have a strong interest in improving their knowledge base and clinical skills Many leading obstetricians support the efforts of the midwives and believe that their role could be strengthened with appropriate training [The Midwives' Association has requested technical assistance from the American College of Nurse Midwives The College has a great deal of experience in training of trainers programs internationally] This activity would also dovetail with previous efforts on the part of UNICEF and WHO Training should emphasize preventive health care such as immunizations, injection technique

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and practices, safe motherhood, prevention of infant mortality, especially from respiratory and diarrheal disease, and breast-feeding and child nutrition

5 Transitional Living Center and Supported Employment (TLC)

The TLC provides a way for institutionalized handicapped adolescents to leave the institution, be rehabilitated and subsequently integrated into the community as productive members of society The stated goal of this component is to minimize future placement of children in institutions A more appropriate representation of the component would be to reduce the number of handicapped individuals placed permanently in adult institutions at age 18

The objectives of the TLC are

(1) To have 80 percent of clients placed in the TLC to be judged self-sufficient by TLC staff one year after leaving TLC as measured by employment, housing, quality of life

(2) To have at least one additional TLC established by Romanian counterparts

5 1 Findings and conclusions

5 1 1 Project design, logistics, operations

In the original proposal, 17 institutions were to be identified, and as appropriate, the children residing in them would be relocated to 10 "half-way" houses In addition, the proposal outlined a variety of interventions that would be developed to prevent unwanted pregnancy (i e , to prevent abortion and abandonment), screen and provide medical treatment for children in institutions, provide training (or re-training) for staff, etc (*Annex G*)

The original project proposal was based on several assumptions

(1) International adoptions would continue and accelerate resulting in empty institutions with qualified staff available for alternative employment, and

(2) The Government of Romania would allow PCI to transform empty, physically suitable institutions into half-way houses staffed by employees of the Government

Eleven months after the project was funded (March 1992) a volunteer consultant specializing in service provision for the developmentally disabled was brought in to assist with project planning and development He advised PCI that the original project proposal was not feasible and suggested instead that one "model" center be developed The New Country Director and Project Coordinator, who had started working with PCI two months and one month earlier, respectively, set about refocusing the plan (documented in the revised DIP, November 1992), with additional help from outside consultants

The many steps that went into implementation, including consultancies, staff preparation and fund-raising are discussed below and summarized in *Annex I* Briefly, the first step was to identify a target population of young people who might benefit from the program Approximately 800 residents, aged 16 and over, of neuropsychiatric hospitals for children and camin spitals (hospitals for mentally and physically handicapped children and youth) were identified by judet directors responsible for the

handicapped population in response to a questionnaire survey in 1993 This information was entered into a database which is used to identify potential clients for the TLC (*Annex J*)

A curriculum was designed with the help of volunteer consultant experts and includes personal (life skills), social, cognitive and occupational training A staffing plan for the TLC was developed, roles and responsibilities were defined, and staff were hired and received initial training A Director for the TLC was hired in March 1993, a Principal Educator was hired in April, and by June eight educators, four houseparents, an accountant and two cooks were on staff In November an additional set of houseparents were hired All staff received an orientation prior to the first clients arriving and then received intensive training, in July 1993 The Principal Educator, Assistant Project Coordinator and two educators were sent on study visits to Israel to observe how similar programs look when up and running The Assistant Project Coordinator and the President of a local Romanian NGO (which is to take over the operations of the TLC) were sent on a study tour to France The TLC Director and three educators also went to France for training [Supplemental funding from the Soros Foundation and Peace Corps was provided for these study tours as well as several workshops for project staff Additional training opportunities were provided by the Rotary Club in France]

Although the new plan was to create one facility instead of 10 half-way houses, it involved substantial additional funding requirements This was because the original grant request made assumptions about physical facilities and personnel being made available to the project by the Government of Romania as a result of closing of institutions A building site was needed and within four months, one belonging to Horezu Hospital in Vilcea judet was found The Ministry of Health generously agreed to the community's request donate the site (a 150 year old manor house with an outbuilding and lands) for the purpose, and a 15 year lease was ultimately secured After obtaining the necessary permits and permissions (38 in all) to occupy and renovate the facility, renovation work on the manor house began in Fall 1992 In June 1993, PCI completed renovations of the living quarters [Funding for the renovation was secured from Smurfit Charitable Foundation for Children, Monaco Aide et Presence and with a grant in Romanian local currency awarded by the Ministry of Finance with AID/Romania concurrence]

The equipment and furnishing for the residential building came from several sources A donation in kind of furniture, classroom and office equipment, tools and gardening equipment, food stuffs, linens, clothing, toys, books, bicycles, etc was received Similarly, from the closing of a US military base in Germany, the project received furniture, appliances, office supplies and one vehicle Numerous other donations of cash, food and other equipment were made by the women of the American Embassy in Bucharest, the Canadian Embassy, Feed the Children (a US based PVO), and Salvati Copii Vilcea/Switzerland, among others

The training workshop (an outbuilding) was structurally unsound, so it was leveled and rebuilt, [also with funds, in part, from Monaco Aide et Presence] but is not yet operational Electricity needs to be installed Laundry, bakery and carpentry equipment will be donated for the training center The expectation that the training workshop will be fully operational by the end of the current cooperative agreement seems to be realistic Although the training workshop is not operational, the Director of the TLC has found other training opportunities in the community for the clients

The proposed evaluation plan centered on the demonstrated achievement of job placement, independent living and quality of life of the clients of the TLC and on the replicability of the project (as per objectives 1 and 2)

5 1 2 Assumptions

5 1 2 1 Handicapped youth now living in institutions can be trained in personal, social, occupational, and cognitive skills, and can live independently

That handicapped people can be rehabilitated and live independently remains a valid assumption, both from the experience of other countries and from the limited experience of the TLC to date

5 1 2 2 The community needed a demonstration project because of a belief that "irrecouperables" (moderately to severely handicapped persons) could not be rehabilitated

By all accounts, the community, as well as the Government of Romania, did need this to be demonstrated Today, this project (and others under development), according to the Secretariat of State for the Handicapped, are of keen interest

It is also important to acknowledge that, in fact, some training in the cognitive, social and life skills and even in occupational skills, is given by children's institutions in the state system, albeit without clear objectives for rehabilitation and certainly not as yet with the objective of independent living Further, as noted previously, training and capacity in special education, social work, psychology, and other disciplines involved in rehabilitation of the handicapped lapsed during the 1970s and 1980s so there are not enough qualified staff in Romania today to meet the need Many improvements have been made, however, since 1989 because of the contribution of intergovernmental organizations, foreign and Romanian NGOs, and increased attention by the Government to the situation of the handicapped in society

5 1 2 3 PCI had to prove its commitment to the project by renovating the building site

This is difficult to evaluate in retrospect, but all opinions seem to indicate that this assumption was correct, at least in the short run Some political "fall out" has occurred For example, some local public officials as well as politicians are asking why so much attention and so many resources are being channeled towards the handicapped rather than towards "normal" children The building site itself, as well as the current one-to-one staff-to-client ratio, have been cited with concern in these discussions The local Romanian NGO has been continually helpful in the public relations arena by trying to point out to the politicians and officials that their work in hospitals, health centers and schools benefits all children

5 1 2 4 A local NGO would be able to take over the project gradually (in five to eight years) as PCI phased out its involvement

At this time a Romanian NGO working in Vilcea Judet does intend to take over the TLC PCI estimates that it will require five to eight years for the NGO to assume ongoing operations including financial support of the TLC One technical advisor to the project (Avi Ramot) believes two to three years is sufficient time to develop a local NGO to assume project management However, given that the Romanian NGO's viability is in question until it is able to develop a strong management capacity, five to eight years may be realistic

PCI wants to provide technical assistance to the local NGO in order to prepare it to take over the TLC In July 1994 a joint PCI/local NGO office in Vilcea will be opened to facilitate the gradual shift of financial and managerial control of the project PCI is also negotiating with another

American NGO (Support Centers International) to provide additional assistance in the development of the Romanian NGO Activities completed to further NGO development include (1) several volunteers have attended NGO development training workshops sponsored by Support Centers International, (2) one volunteer went to Peace Corps inservice training in small project development, and (3) a Peace Corps volunteer had been placed in Vilcea to help with NGO development in September 1993 but left shortly thereafter Another volunteer is scheduled to arrive in the autumn of 1994

There are also important ramifications which require careful planning with Romanian NGO participation since PCI's plan will expand the NGO's current activities from advocacy, fundraising, promoting intersectoral cooperation to improve community-based services for children, and public education, to include direct service provision with all its inherent financial and managerial challenges

Working with the handicapped is difficult and challenging work, it requires a level of skill that can only be achieved through some form of training, and continuity of care is important PCI and the NGO are obviously aware that well trained paid staff are needed, but at this point the NGO is staffed entirely by volunteers

No legal means exists for the local government to contract for social services through a private organization (e g , a local NGO) This would require acts of Parliament to allow local control over financing and local authority to contract for services outside the State system The only legal means at present for the Government to take over the running of the TLC are (1) the Secretariat of State for the Handicapped could assume all operating costs using existing staff, so long as staff are hired through another institution and then seconded to the TLC, or (2) the Secretariat of State for the Handicapped could take over operating costs of the TLC, dismiss existing staff, and hire staff already in its employ In either case, there are currently limited possibilities for local control and governance of the project

On the other hand, local officials and politicians, recognizing this problem, are trying to find solutions Local officials and the President of the NGO have requested cost information on the TLC in order to assist in future planning The President of the NGO identified three possible sources of future funding for the TLC

(1) As stated above, the SSH (at some point in the future) would be able to contract for services through the local NGO,

(2) Local taxes might be applied, however, at present only two percent of local budget comes from local taxes and many local projects compete for funds, and

(3) The project would be self-financing, or partially self-financing, i e , the project would include profit generating ventures where clients could be employed

5 1 2 5 The operating costs would (possibly) be less than or (probably) equal to the cost of housing and caring for individuals in the state system

Preliminary analysis of cost-benefit indicates that this assumption may be valid, although, it is not within the scope of the evaluation to conduct a thorough or precise cost-benefit analysis PCI cannot presently demonstrate a competitive cost-benefit comparison with SSH programs given the current staff-client ratio This type of information has been requested by the SSH and by the local authorities and NGO in Vilcea judet

5 1 2 6 The project is replicable

This assumption is valid given the experience in other countries and in Romania to date

5 1 2 7 Highly educated staff to do the work of rehabilitation are not needed

This assumption seems valid given the success of the TLC staff to date in training staff and in rehabilitating clients

5 1 2 Beneficiaries

The revised DIP and Logical Framework stated that by the end of the current cooperative agreement, 32 to 40 clients would have graduated and would have jobs and employment Forty to 50 adolescents were expected to benefit from the TLC program annually Eighty percent of clients were to be self-sufficient and living independently (objective 1)

In June 1993, the first eight clients were transferred from camin spital to TLC (one was uncomfortable in the new surroundings and returned to camin spital within one week) The decision was made to start with only a few clients in order to complete work on the training workshop and to hire and train a full complement of staff Moreover, staff felt they needed extra time to gain experience in working with clients (and PCI management agreed that they needed to gain confidence in their own abilities) before beginning full program operations

Over the last year these young people have learned to tell time, count money, write, prepare meals, do laundry, paint, pick apples, and work according to a fully scheduled day They have learned table manners and expect to be treated with dignity (For example, one client had lunch with his friends on a visit to his former camin spital and commented that the silverware was dirty and that he would like to have a napkin) One client has recently graduated and is living with his family, and is holding a job The others are working for a construction company on a hospital project in a nearby town

The staff believe that the rest of the clients are prepared to live in the community, and with support, will continue to have jobs, while living in a supervised group home situation PCI is in the process of identifying local housing options for them Preparations are also being made to accept the next group of students (16 in all) to the TLC

5 1 4 Convention

A convention was signed with the Secretariat of State for the Handicapped (*Annex H*) The conditions agreed to have not been fully met The professional staff were seconded from the Ministry of Education and not from the SSH as originally planned A counterpart from the SSH was identified who assisted in curriculum development, development of selection criteria, and special education program development However, when this person left the SSH in 1993, no one was assigned to replace him The SSH was to have assumed some of the operating costs of the TLC 12 to18 months after the centered opened Presently SSH is not prepared to do so although the Minister has expressed a willingness to help the TLC and is now looking for opportunities to increase cooperation and strengthen channels of communication

5 1 5 Counterparts

An SSH counterpart (the Territorial SSH Inspector in Vilcea judet) has had continual close working relations with TLC She supervises the TLC as part of her normal work and authorizes the transfer of handicapped young people from camin spitals to the TLC

5 1 6 Client selection

Clients are chosen from a database, described previously, constructed from a survey of 100 percent of camin spitals for children and neuropsychiatric hospitals with pediatric wards, conducted with the assistance of the SSH It needs to be updated, and it would be useful to summarize the characteristics of clients in order to obtain a "snapshot" of the institutionalized population for both PCI future operations and to share with the SSH

Potential clients are identified from the database, interviewed, taken to see the TLC, evaluated by the PCI social worker on staff and the Assistant Project Coordinator (who is a physician), the TLC Director and an SSH counterpart (when available) If selected, clients are then processed through the bureaucratic phases required to secure permission to release from institutions subordinated to SSH to the TLC Criteria for TLC placement are clients should be under the age of majority, able to eat, dress, ambulate and communicate their needs, and not have any chronic disease that would require on-site, continuous medical supervision (including medications) Clients currently living in institutions in Vilcea judet get highest priority (*Annex K*)

5 1 7 Living, socialization and vocational skills training program developed for clients

The skills and socialization curriculum is state of the art The particular strengths of the program are its detailed individualized program plan for clients (with goals and objectives and monitoring of outcomes), monitoring and recording system of client progress, sensitivity to issues such as client choice and preferences, family planning and personal social needs, team work and communications, involvement of clients in setting goals for themselves, involvement of a student social worker to explore the family situation of each client and the possibility of reunification if desired, and respect for persons

On the recommendation of a consultant the planned labor market analysis (as stated in the Logical Framework and DIP was canceled This was sound advice since the labor market changes so rapidly in the economic transition that the analysis would be out of date soon after it was completed In its stead, the director of the TLC has made contacts with all businesses and industries (including farmers) in the local area to find job placements for clients He maintains a file of contacts with dates and the outcome of the discussion recorded This activity has proved very useful

5 1 8 Training of staff

Because there was no funding for staff training in the grant agreement, funding for training had to be obtained from other sources There was no one on the PCI staff with training in special education and rehabilitation and there were no known experts in the TLC model within Romania Training materials and trainers had to be obtained from experts outside the country (*Fig 2*)

All staff were given a general orientation prior to the arrival of the first clients which covered general approaches to working with the handicapped, dealing with behavior problems, and how to work as

teams All staff, including the cooks and the driver, were provided training on techniques and methods of effectively working with and educating clients

A more in-depth, two-week training was given shortly after the first clients arrived The training focused on normalization, rehabilitation, behavior modification, client assessment, developing rehabilitation plans, and documenting client progress Staff were able to use their experiences with clients over the previous month as part of the training session

A draft curriculum for staff training was developed with assistance from Israeli technical advisors including a series of modules to be covered in eight to 10 week training sessions In March 1994, the first module was taught by an Israeli master trainer This repeated some of the information on normalization, rights of the disabled, individual habilitation plans, etc At this time, nine months after the program started, the staff had a better frame of reference for understanding this material

Several additional training sessions have been given to respond to specific identified needs and to enhance previous training Additionally, administrators and lead educators have learned how programs operate other countries The study tours to Israel and France were an important turning point in the program by showing staff concrete examples of what can be accomplished in rehabilitation

Once funding has been secured, future training modules will be scheduled to include two week trainings every two months based on the eight modules that have been developed by the consultants, translating the modules into Romanian, and repeating the training in Romanian by the Principal Educator in order to revise and adapt the module to the Romanian context and to TLC needs

The modules described above are a first step towards ensuring continuing, sustainable, high-quality training for TLC staff Staff turnover is high in programs for the handicapped in other countries so mechanisms are needed to "institutionalize" training at minimal cost Obviously, it is not possible to bring in foreign experts or provide study visits to foreign countries for all newly hired staff, especially if a local NGO is to take over the project

A related issue concerns how staff might put their training to use in other settings (given the inevitable problem of staff turnover) In April 1994 the Project Coordinator met with the Director of In-service Education and the Director of Special Education at the Ministry of Education (MOE) They discussed a draft curriculum and developed a plan for the MOE to eventually accredit with a diploma, the staff at the TLC who complete the training In turn, they will be trained as trainers and certified by the MOE PCI is to prepare a project proposal to be presented to the MOE which would result in a letter of cooperation being signed between the MOE and PCI Part of the cooperation will include the provision of teachers from the MOE to conduct various workshops whenever possible and the administration of a final examination resulting in a diploma issued by the Department of Pre-University Training Should these staff members leave the TLC they would be able to use this training if employed in a MOE school At present, they would not be able to work in an institution subordinated to the SSH To work as an educator (officially) for the SSH one must complete 12 years of education, the last four of which are in a special high school to prepare "special educators", or be a graduate of a general high school program and then take two additional years preparation in special education The difficulty, therefore, is in the special and unique requirements for educators and teachers of the respective Ministries involved in the care of wards of the state, which in turn, is a reflection of the shifting division of responsibilities between those same Ministries

Figure 2

TRANSITIONAL LIVING CENTER AND SUPPORTED EMPLOYMENT PROJECT
TRAINING/CONSULTANCIES
JUNE 20, 1994

	Date	Consultant	Activity
1	March 1992 (2 weeks of donated time)	Marvin Kivitz, PhD President Emeritus Elwyn USA	Project review & re-development
2	October 1992 (2 weeks of donated time)	Michael Walling Deputy Exec Director Elwyn, PA, USA	Project review and supported employment dev
3	January - June 1993 (6 months donated time)	Katie Jones, RN Psychiatric nurse	TA for proj dev and implem
4	May 1993 (2 weeks of donated time)	Avi Ramot, PhD Executive Dir Elwyn Jerusalem	Project review and refinement
5	July 1993 (2 weeks of paid consultancy)	Miriam Jacoby Lilach Horowitz Trainers - Elwyn Jerusalem	Orientation for new TLC staff
6	January 1994 (3 days of donated time)	Helen Ferrante Mental Health Expert (in country with WACAP)	Behavior Modification TLC staff
7	January 1994 (1 day of donated time)	Rebecca Davis, PhD Mental Health Expert (Fulbright scholar)	Behavior Modification TLC staff
8	March 1994 (1 week of donated time)	Avi Ramot, PhD Dir - Progs for People W/Special Needs - JDC	Project review and refinement
9	March 1994 (2 weeks paid consultancy)	Arna Porat Master trainer Eytan, Israel	Intro to working with people with disabilities-TLC
10	April 1994 (1 week donated time)	Avi Ramot, PhD	Project review and refinement
11	April 1994 (3 days donated time)	SECS Doctors	Sex Education TLC staff
12	May 1994 (2 hours donated time)	Maldaresti clinic doctor	First aid TLC staff & students

OTHER TRAINING OPPORTUNITIES

CHILD CARE NGO TRAINING SEMINARS OFFERED BY SUPPORT CENTER INT

Dec 1993 (3 days)	Fund raising	Attended by Dr Serafim & Meresiev Barbuc
March 1994 (3 days)	Project planning	Attended by Dr Serafim and Meresiev Barbuc and Sorina Oanta (soc wk)
March 1994 (3 days)	Proposal writing	Attended by Sorina Oanta (Social worker)
May 1994 (3 days)	Project management	Attended by Meresiev Barbuc, Sorina Oanta & Adriana Metrache (Salvati Copii Valcea)
June 1994 (3 days)	Financial Mgt for NGOs	Attended by Ioana Curteanu, Mihaela Frumuselu (TLC) & Adriana Mitrache

PEACE CORPS

March 1994 (3 days)	Small project development	Jane Harader PCV Adriana Mitrache

STUDY TOURS

Feb 1994 (10 days) arranged by Eytan Paid (in part) by Soros	ISRAEL	Marius Topala Rodica Barbuc Mihaela Petcu Dan Frumuselu
March 1994 (1 week) arranged by *ASEI & Rotary Club (training, partial transportation, room, and board provided free)	FRANCE	Marius Topala Dr Serafim
May 1994 (2 weeks) arranged by *ASEI & Rotary Club (training, partial transportation, room and board provided free)	FRANCE	Meresiev Barbuc Adrian Govoreanu
May 1994 (2 weeks) arranged by *ASEI & Rotary Club (training, partial transportation, room and board provided free)	FRANCE	Luminita Popescu Maria Ghisoiu

* Association pour le sauvegarde des enfants invalides
Association for the survival of handicapped children
ASEI=Agir, Soigner, Eduquer, Inserer/Act, Treat, Educate, Integrate

5 1 9 Community support for the TLC program

The Mayor of Maldaresti and the Sub-Prefect of Vilcea judet indicated their support for the TLC They felt that now, there is little community opposition to placement of TLC clients in the community, and indeed, general acceptance of handicapped young people

The TLC is seen by the President of the NGO and the local authorities as part of a much larger community program of child protection This program was developed with technical assistance from WHO and UNICEF in primary health care for women and children The components of the program include family planning to prevent unwanted pregnancies, prenatal, preconceptional, and well-child care to prevent morbidity and mortality, and the development of alternatives to institutional placement, including foster care, adoption, and, of course, the TLC The work of the TLC must be seen in this context - as part of a much larger, grassroots development program that has had a dramatic impact on the well-being of children and women [6]

PCI has begun the process of assembling an Advisory Council for the TLC This is an excellent way to promote community participation and awareness of the problems of the handicapped in society and should by all means be continued The Prefect of Vilcea suggested some 40 names of persons who might be willing to serve PCI has not yet clarified what the role of the Council would be, the roles and responsibilities of the members, or the routine procedural matters such as election procedures, by-laws, period of service, and so on

5 1 10 Supported employment and housing issues

A key issue yet to be faced is what are the implications of the economic transition for the supported employment aspect of the project? So far, finding jobs for TLC clients has not been a problem in Vilcea as clients have taken jobs no one else wanted However, it is not fully understood at this time, to what extent Vilcea judet farms, businesses and industries will be able to accommodate all TLC clients when it is fully operational While most residents will be using the training workshop on-site, the graduates of the program will, according to the plan for future development of the project, be placed in apartments or in foster homes in surrounding villages or in the nearby town of Rimnicu Vilcea, and be working in local farms, businesses or industries

With regard to housing, it is planned to have six to 10 "training" apartments These would be group homes for graduates of the TLC as the second phase of entry into community living Students are expected to move from these homes when they are ready, to an independent living situation either in Vilcea or in another judet This plan was not part of the original or revised DIP but has evolved through work with outside consultants to the TLC There has been no analysis to determine the capacity of the town or villages to provide housing for the graduates

5 1 11 Replicability by the Government of Romania

At present, no attempt has been made by the Government to replicate all elements of the TLC *per se*, however, one group home/sheltered workshop model is being developed in Suceava, and various alternatives to institutionalization are under serious consideration within the Secretariat of State for the Handicapped

5 2 Lessons learned

5 2 1 Planning

The fundamental concern with the TLC is that it was an attempt at social service restructuring (via direct service provision) that took place before it was clear what the long range problems and implications of the project would be Project planning is difficult in the best of times, but as previously mentioned, the situation in Romania changes rapidly necessitating continual adjustments and flexibility in program development It is particularly difficult, therefore, to evaluate which modifications to the project plan were necessary adaptations to a changing situation and which were the result of unrealistic expectations due to lack of information, incorrect assumptions, or use of volunteers for program development

Because the Congressional mandate made it clear that immediate action was needed to respond to the situation of children in institutions in Romania, PCI's project proposal was approved and funded at an early stage of development The project emanated from a suggestion of the former PCI director responsible for the emergency response It was overly ambitious and the current project staff have had to go to great lengths to properly assess the situation, and bring in expatriate expertise to help them develop the project Out of necessity, the disbursement of funds and project development occurred almost simultaneously

This, probably more than the ever-changing conditions in the country, explains why so many elements of the DIP have had to be modified or have not been completed (or in all likelihood will not be completed) before the end of the cooperative agreement in 1995 The lesson learned is that implementation could have been improved had there been a needs assessment and detailed pre-implementation planning

5 2 2 Use of volunteers for project planning in developmental disabilities

As with NEWSTART, volunteers were also recruited to develop the idea for the TLC In contrast to NEWSTART, there was no strong Romanian counterpart helping to guide the development of the TLC Several consultants were brought in to help but there was no schedule of consultations to help develop the project The consultants offered valuable advice about setting up the project, but it is questionable whether they grasped fully the political, social and financial issues in the Romanian context Likewise, implementation has been difficult in the absence of resident expertise in developmental disabilities

5 3 Recommendations

We recommend that the following activities occur prior to the end of the project

5 3 1 Joint PCI/NGO office in Vilcea

As it is currently planned (for July 94) a joint NGO/PCI office should be opened in Vilcea to assist with local project management One PCI staff member will be seconded to that office to help facilitate next steps in the project, such as (1) securing housing for graduates of the program, (2) making contact with the tutelary authorities and developing a plan for follow-up and a social services safety net for clients, (3) facilitating beginning phases of NGO development, (4) helping to develop the Advisory Council for the TLC, (5) clarifying the role between the NGO and PCI, (6) helping to

develop a personnel manual for the staff of the TLC, and determining the legal status of PCI clients On-site supervision is recognized by project staff and their technical advisors, as essential for planning and service delivery On-site supervision should be continuous until the NGO can assume a supervisory role

5 3 2 Continuing training activities and certification of staff

Questions were raised during the evaluation concerning TLC's potential to be used as a training center for clients and staff of other NGOs providing alternative community-based services for developmentally disabled youth Certainly, it seems both feasible and cost-effective to offer training, particularly if some exchange of services with other NGOs (e g , housing) can be negotiated Any training program for other caregivers, however, should protect the privacy and dignity of the present clients

Plans for the development of training modules should continue so that outside consultants and expensive study tours would not be needed to train newcomers to the TLC staff Further, it is important for PCI to continue to explore ways of sharing training materials with other agencies The Committee for the Protection for Children said they were anxious to take advantage of all types of training resources available through foreign consultancies, and thus, there may be an opportunity to maximize the impact of TLC training through its integration into mainstream social services provision PCI should explore ways of exposing SSH officials and staff to this training model approach Similarly, PCI should continue discussion with the Ministry of Education to finalize the plan for certification of TLC educators and their eventual certification as trainers

5 3 3 Equip training workshop

The training workshop equipment needs to be installed and a plan developed for operations of the bakery A (gratis) consultation with the Small and Medium Business Development Center of the Washington State University should be sought to help establish an operational plan for the workshop Likewise, a contract to produce in the carpentry shop, wedges and palates for a local firm needs to be finalized

5 3 4 Recommendations for USAID funding and planning for the next phase of cooperation

Once a direct service provision project is started, and as in this case, the value of the project to both the National Government and local authorities patently obvious, there should be no turning back until the legal, managerial and financial sustainability issues are resolved To do otherwise would not only compromise the well-being of the clients currently served by TLC and the other clients awaiting service, it would seriously undermine the efforts of the local NGO struggling to develop community-based alternatives for children and young people As neither the local NGO or the Secretariat of State for the Handicapped are prepared to take over the management or financing of the TLC at this time, we recommend that the USAID continue to fund the component and the following activities be carried out under the next cooperative agreement

(1) NGO and Advisory Council development PCI should outline the stages and associated activities of NGO development that are anticipated and the indicators that will be used to determine success (e g , mission reviewed and voted on, elected board, by-laws, staff recruited and hired, work plan developed, implemented and monitored, funding secured for operating budget, growth in

membership, etc) Assumptions about the time frame need to be stated PCI should define its role in the process Staff assignments need to be defined

PCI should clarify the role of the Advisory Council, define the roles and responsibilities of its members, and the routine procedural matters (election procedures, by-laws, period of service, and so on) This should be done with representative of the local NGO and the local Government Support Centers International may be able to assist as well

(2) Cost-benefit analysis and feasibility study SSH, the President of the Romanian NGO, and the local authorities of Vilcea all identified a need for a cost-benefit analysis This should be done as soon as possible and a consultant familiar with developmental disabilities services should be brought in for this purpose The costs and benefits of the TLC should be compared with the costs of institutional care though precise figures on actual costs are difficult to obtain Such as study is essential to change the image of the project from that of a "gold/platinum standard" to that of an affordable alternative Estimates of the number of potential beneficiaries using current and expanded eligibility criteria may be made from survey information contained on the PCI database

In addition, we recommend such a cost-benefit analysis be a part of a feasibility study to help the local authorities and the NGO in future planning This feasibility study should include a community impact analysis Given that the SSH institutions from which the clients are drawn are part of a national, not a local system, there is a danger that once a bed is empty in a Vilcea institution, it will be filled by a young person from some other part of the country Clients for the TLC will, in turn, be selected from these institutions, and consequently a never ending demand for community placement and local resources will be created The feasibility study/community impact analysis should assess the current and possible future housing situation in Vilcea, job opportunities, possible new partners (e g , other foreign or Romanian NGOs) willing to share or pool resources for maximum benefit to the community, and options for future funding and sustainability SSH and the National Committee for the Protection of Children need to have input into the feasibility study

(3) Relationships with SSH Although the objective of PCI is to eventually have a local NGO operate the TLC, we recommend that they keep open the possibility of other options Specifically, we recommend PCI continue and strengthen its partnership with SSH, especially at local level, with periodic reporting to the Secretariat of State If possible, it would also be a good idea to send the Minister on a study visit to Israel to observe models similar to the TLC Israel has a similar governmental structure and, a decade ago, Israeli programs for the developmentally disabled were similar to Romania's programs During the 1980s Israel made significant improvements in their system of care

(4) Expansion of eligibility criteria While the intended beneficiaries of the program are clients, aged 16 and over, of camin spitals for children and neuropsychiatric institutions with pediatric wards, it should be emphasized that there are other young people with very mild handicaps committed, essentially for the rest of their lives, to live in institutions for severely disabled and chronically ill adults These young people are socially isolated, sometimes exposed to violence in these institutions, and there are no programs or activities for them They may be slightly older than 18 years, but they are still wards of the state, and they could benefit from placement in TLC or other community living situation We recommend that PCI broaden their eligibility criteria to also include young people up to age 30 in institutions for adults PCI should also consider modifying its stance on excluding those potential clients with chronic medical conditions, especially when they could easily be managed in the community with medication and the support of the local health services

(5) Flexibility in the timeframe for client graduation A related issue concerns PCI's stated objective of 'graduating' clients within one year This may not always be possible for various reasons and should not be taken as an indicator of 'failure' of the services or incorrectness of assumptions Some clients may require a bit more time to become self-sufficient Staff should be able to assess after one year whether more time in the TLC would be beneficial for a client to improve his/her chances of independent living or whether the client has not made sufficient progress and should be transferred back to an institution

(6) Expand services

Handicapped young people are the most vulnerable members of society and it is normal, even within successful programs and in countries with a stable economy and low unemployment for them to lose their housing and jobs from time to time PCI should develop a tracking and monitoring system for its clients, as well as a plan to provide them a social safety net

(7) Database

The client database for the TLC needs to be updated and should include individuals up to age 30 in adult institutions It would be useful to summarize the characteristics of clients to obtain a "snapshot" of the institutionalized population for both the PCI future operations and to share with the Secretariat of State for the Handicapped A copy of the file/disk should be provided to the SSH Once summarized, the information could be analyzed for additional insights into the residents of institutions and community service needs

(8) Legal issues

It is important to continue dialogue with local authorities to develop the legal and financial framework for project sustainability A concern of the Sub-Prefect noted in the evaluation is the need for the Ministry of Health and the Secretariat of State for the Handicapped to assist in developing this framework so that it is possible for the local NGO to eventually take over TLC It will also be important to clarify who is responsible for TLC clients when they are "independent" Clients are technically wards of the state so this may have important liability implications for PCI

(9) Contingency planning for direct service delivery Clients who are ready to "graduate" to community living are still living in the TLC because a supported housing situation in the community has yet not been worked out The reason for this delay and the delay in bringing in new clients to the TLC is PCI's concern about maintenance of core funding for the program Given that PCI has made a commitment for five to eight years to develop this project, and although staff are trying to act in a responsible way, what has actually transpired is not consistent with the stated commitment to keep the service going

One can never predict the funding environment from one year to the next, thus a plan for diversification of funding sources is advisable PCI has been successful so far in securing funds for certain aspects of the project but it needs to develop contingency plans for obtaining multiple donor funding for operational costs and for placing clients in the event insufficient donor support is available

6 Project management

6 1 Findings and conclusions

There was not a systematic review of all management tools and processes, but several key items were evaluated (*Fig 3*)

6 1 1 Staffing and organizational issues

The organization has a functioning central office in Bucharest and is registered as a legal entity in Romania The central office is supported by a Country Director (expatriate), Administrator, Accountant, Information Systems staff, a cook and a driver The TLC component is staffed centrally by a Project Director (expatriate-half time), Project Assistant (Romanian), and a part-time social work student (Romanian) The NEWSTART component is managed by the Country Director and a Project Assistant (Romanian) The TLC has a staff of 20 Romanians have been hired and trained for all but one and a half positions in the agency This is a substantial achievement

There was no overall organization chart provided during the evaluation to illustrate reporting relationships The TLC project site had an organization chart displayed on the wall of the facility

Job responsibilities were outlined for the purpose of job recruitment, but there are currently no updated job descriptions for the staff at the central office The TLC job responsibilities have changed and evolved as the project focus has changed from just a transitional living center to a supported employment program, but these have not yet been documented in writing The TLC is transitioning out of start-up phase and into an on-going operations phase The TLC/PCI staff now have greater knowledge about the type of alternative model they want to create The type of management and support staff that were needed during start-up may be different from what is needed now It is planned to have the staffing levels and responsibilities reviewed by a consultant in July

6 1 2 Project oversight/implementation

NEWSTART logistical arrangements have been implemented smoothly Based on the observations of the Chief of Human Resources Development USAID/Romania, there was a lack of clarity over the roles and responsibilities of the Country Director and the Project Coordinator in relation to the management of NEWSTART

Overall supervision of the TLC project from the Bucharest office has been time consuming with travel back and forth to the project site As mentioned previously, there is a plan to relocate the Project Assistant Coordinator to Rimnicu Vilcea It is not yet clear what tasks will be required in his expanded role to provide support to the NGO and the Advisory Council, but needs and outcomes will be agreed upon The evaluation team was not able to evaluate the NGO Board President's understanding and expectations of this proposed change It is our understanding that the NGO Board President and PCI staff are in the process of drafting a detailed letter of understanding This agreement will be made final with input from Support Centers International acting as an objective third party In addition, PCI may need to consider reassigning some duties of the Assistant Project Coordinator as he expands his administrative and supervisory duties

Figure 3 Review of Management Tools and Processes

Management Tools	Review Process	Finding
Needs assessment	Problems with conducting initial needs assessment process documented	TLC target population identified with questionnaire Newstart beneficiaries specified
Definition of measurable objectives or logframe	Reviewed during evaluation	TLC logframe for local currency developed revised & updated No logframe developed for hard currency TLC Newstart logframe not developed until mid-term and only after consultation with OAR Chief, Human Resources Development Newstart logframe note updated & reported to USAID
Initial and annual workplans	Reviewed NEWSTART course outlines/modules & TLC task lists provided by consultant	Detailed workplans with timeframes and responsibilities have not been developed
Organizational chart for project structure	Reviewed org chart of TLC	No overall org chart available
Job descriptions for staff and personnel manuals	Reviewed TLC recruitment job descriptions	No current job descriptions for central office staff TLC job descriptions being reviewed and revised
Personnel manual	None	No personnel manual
Quarterly & annual reports	Narrative reports reviewed Budget reports reviewed	Complete and timely Lack of budget tool that can be used for project management and planning purposes
Subcontractor reports	Reports of volunteers/ consultants reviewed when available	Consultant's report included TLC detailed operations and task list Reports NEWSTART volunteers

6 1 4 Financial management

A budget reporting and monitoring tool that can be used in the field for management and planning purposes does not yet exist Currently, a budget report developed by PCI headquarters is periodically provided to the field This budget report is not broken down by component and does not include all revenue sources This has led to confusion about original budget assumptions in relation to current budget status For example, an initial analysis of the original budget assumptions in relation to to-date charges indicates that there should be hard currency (ROM II) funds to continue funding the TLC through March of 1995 Additionally, there was also a significant difference between the USAID (ROM II) field budget in the DIP and what was reported in the most recent headquarters report Reports indicate that approximately 50 percent of the budget supports headquarters functions It was not possible to determine what items in the headquarters budget are supporting field operations

There are several budget reporting mechanisms Local and hard currency expenditure made in the field are reported monthly to PCI headquarters using detailed account codes It did not appear that this information is summarized between NEWSTART and TLC There are no year-to-date or project expenditures to-date summaries created in Bucharest A separate local currency agreement reporting format was established according to USAID/Romania guidance and has been used to document expenditures in order to receive advances from the Government of Romania

After field expenses are sent to headquarters, the headquarters expenditures, including those supporting the field are then added and the headquarter office produces a "pipeline" analysis comparing original budget, expenditures to date and budget outstanding This analysis responds to the format for the information required by USAID/Washington for the centrally funded grant It is not provided in the same format as the budget detailed in the DIP (November 1992) The DIP shows headquarter and field expenditures (with the field expenditures differentiating and detailing NEWSTART and TLC components) and revenue estimates by source, including local currency The pipeline only differentiates between headquarters and the field and does not include local currency The last pipeline analysis available at the time of the evaluation was dated 31 March 1993

PCI headquarters is in the process of making changes and improvements to the financial information systems The system for accounting and reporting for grant funds was completely redesigned over the last quarter of 1993 The new system is intended to provide mechanisms for staff to monitor and manage budgets more effectively While this has resulted in different methods of reporting over the life of the project, in the future, PCI plans to provide financial information in a more consistent, useful, and timely manner, both internally and externally

The local currency grant agreement was implemented in 1992 in support of the TLC Even though a 58 percen inflation factor was built into the construction budget, there were delays in implementing the grant due to changes within the Government of Romania, lack of financial and legal assistance at USAID/Romania, and construction delays due to weather While capital costs included an allowance for inflation, operating costs were not indexed for inflation PCI has been successful in securing additional hard currency for capital expenditures to partially offset the loss in value due to inflation

6 1 4 Donor/PCI headquarter/field relations

The absence of a comptroller and a legal advisor at the USAID/Romania office was cited by PCI field and head quarters staff as well as USAID staff as a major factor resulting in significant delays

initiating the local currency agreement This also resulted in delays in processing local currency advances since financial review took place in Washington or Budapest These delays contributed to additional losses in the value of lei due to inflation

Concerns were expressed that reporting mechanisms (fiscal and program) required by USAID Washington and Romania were not consistent Ongoing misunderstandings concerning provision and presentation of planning documentation (detailed implementation plans and logical frameworks) and reporting requirements (budgetary information and quarterly reports) exist between PCI management and USAID/Romania There are also questions about who is responsible for review and comment The field office said they would like more site visits from headquarters to assess local conditions and to provide technical assistance (i e , internal pre-audit review of financial management systems by the PCI auditor and comptroller)

6 1 5 Funding concerns and ongoing operations

In November 1993 and in February 1994, PCI/Romania and PCI headquarters, respectively, began exploring whether additional USAID funding might be available, without mentioning the budget status other than expressing concern about the impact of inflation on the local currency grant In February, USAID/Romania stated that additional funding would not be considered until an evaluation was conducted A May 1994 request for additional local currency claimed, for the first time, insufficient operating funds to carry the TLC component through to the end of the project And yet, there is insufficient budgetary data available to substantiate this claim Now, despite pledging to continue both components even if USAID funding were not continued, PCI has put the TLC component on hold (no new clients) until determining whether core funding from USAID will be continued This cyclical situation appears to be another indicator of the problems noted above in communications, planning and in the availability of appropriate management tools

6 2 Recommendations, project management

6 2 1 Clarify job responsibilities and develop personnel manual

A personnel manual should be developed for the agency Special attention should be given to reviewing all job responsibilities and writing updated job descriptions A scope of work for the consultant to assist in this process should be developed As one example, PCI should consider hiring a training coordinator who has experience with supported employment and developing programs for independent living for the handicapped

6 2 2 Financial management

Reconcile the DIP (November 1992) budget and grant agreement budget to the current financial status Include actual expenditures and outstanding balance by line item for hard currency (ROM II), local currency, PCI contributions, and other contributions (cash and in-kind) This should be submitted with any future proposal for funding

PCI should develop accounting and budget reporting formats that will be useful for developing the cost-benefit analysis of the TLC project The following components have been identified to date as being important start-up costs (capital, training, information systems) relative to ongoing costs (staffing, utilities, supplies, food, continuing education), direct vs indirect costs (how to compare to existing governmental direct and indirect costs) Documenting costs for the three components of

integration (rehabilitation, community living, and supported employment) would greatly improve program planning capabilities

Clarify assumptions regarding number of clients to be served over what time period To have a cost-effective program the number of clients must be increased PCI should prepare a long-term financial plan and analysis of various options

6 2 3 Clarification of expectations/ planning & implementation documentation

PCI should document in writing reporting requirements which may be confusing or otherwise hamper communications between the PCI field office and USAID/Romania, USAID/Washington, and PCI headquarters USAID should clarify and specify in writing for the benefit of all parties their expectations for reporting and project evaluation Discrepancies in expectations among the parties should be resolved as soon as possible Format guidelines (or examples) should be provided by USAID

In the future, it will be important for PCI to develop detailed workplans, including persons responsible and due dates, for each project component This is especially important as PCI continues to become more involved and reliant on participation of outside organizations (e g the Romanian NGO) for project activities and collaboration Expectations regarding roles and responsibilities need to be clearly documented

6 2 4 Data management

As PCI headquarters evaluates the type of management support it will provide to the field in the future, special attention should be given to developing data management systems for decision-making, including systems for budget reporting and monitoring and systems for tracking, analyzing and evaluating program information and outcomes

6 2 5 Management issues in NGO development

PCI should provide guidance to the Romanian NGO in development procedures and management systems Common management tools and activities used by non-governmental organizations and businesses include developing and updating organization charts, detailed workplans, job descriptions, personnel manuals and budgets Romanians, in general, have not been exposed to many of these management and planning tools It is important that they learn how these tools can be applied to a decentralized planning process and project operations and management Continuous teaching about the use of these tools in the process of developing and managing a project will increase the possibility of long-term sustainability and self-reliance This could also help reinforce the concepts of transparency in the decision-making process and accountability when taking responsibility for assigned tasks

6 2 6 Management assessment

A systematic review of project management was not completed PCI should initiate an internal management assessment and review The management tools and procedures listed in section 6 1 2 should be revised, enhanced and/or completed and should be used in an ongoing training process for Romanians involved in the project PCI headquarters should continue to evaluate the type of management support it has been providing and will provide for the field office in the future

Endnotes

1 A much larger proportion of children in institutions are classified as "abandoned" as they have no contact with any member of their families It is important not to confuse "abandonment" with "institutionalization" - many institutionalized children have parents who cannot maintain contact, usually because the State finds a place for the child in an institution far from the parents' home

2 For example, in Vrancea judet there are 3000 handicapped persons living at home, and 1000 of these persons are assigned home helps In Vilcea Judet, 10,000 handicapped adults and children live at home and 4,000 have home helps

3 All countries offering high-tech neonatal services are debating the place of these services in child health care (see for example, the "Oregon Experiment" - Dixon J, Welch HG Priority setting lessons learned from Oregon Lancet 1991, 1 891-894) In the interest of thoroughness, a comprehensive training program in neonatology should make mention of these issues However, it is acknowledged that an in-depth discussion is far beyond the scope or remit of Newstart Basic concepts related to appropriate use of medical technology, technology assessment (i e , evaluation of effectiveness/efficacy, safety, costs, benefit and ethical issues in provision of care), and quality assessment/quality assurance in medicine are not esoteric, but rather the cornerstone of sound medical and nursing practice

4 Exclusive breast-feeding implies that only breast-milk is fed to the baby - no supplemental water, breast-milk substitutes or teas are provided to breast-fed infants per WHO/UNICEF recommendations

5 Supplemental water and tea should not be given routinely since it delays the onset of effective breast feeding and may expose babies to contaminants Romania's infant mortality rate is the highest in Europe and a cause of infant morbidity and mortality is diarrheal disease

6 Through the work of the President of the NGO, the local authorities and many other dedicated people, Vilcea now has the lowest infant mortality rate and a maternal mortality ratio in the country This work is one of the best examples of intersectoral, community-based models to be found in the country

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Annex A

DRAFT

NEWSTART

SCOPE OF WORK FOR MID-TERM EVALUATION

"MEDICAL ASSISTANCE TO ROMANIA"
CA No. EUR-0032A-00-1025-00
April 22, 1991 - March 31, 1995

I. Activity to be evaluated

The "Medical Assistance to Romania" grant became effective April 22, 1991 The original grant of $ 1 million was to support activities to April, 1994 In the autumn of 1992, a 12 month no-cost extension was approved, extending the life of the project through March 31, 1995

This grant funds two projects which work towards reducing the numbers of institutionalized children in Romania The Newborn Screening, Treatment and Referral Training (NEWSTART) project trains neonatal doctors and nurses with the goal of reducing the numbers of infants entering the institutional system The Transitional Living Center (TLC) and Supported Employment project provides a way for institutionalized, handicapped adolescents to leave the institution and be habilitated and integrated into the community as productive members of society instead of remaining institutionalized for life As these two activities are separate, they will be evaluated separately Therefore, the terms of reference will be different for each project

II. Background to NEWSTART

PCI's initial efforts in Romania, from 1990 to 1992, focused on the needs of disabled children living in government institutions PCI organized teams of American volunteer orthopedic, plastic, ear-nose-throat, and ophthalmologic surgeons and nurses More than 300 children received surgery and thousands benefited from developmental evaluation and other therapeutic interventions PCI also organized and supported teams of physical and occupational therapists to provide post operative therapy to the children throughout the country and also placed a variety of medical specialists to work with children in a number of institutions throughout Romania During the process of implementing this program, PCI came to understand better the depth of problems institutionalized children face PCI also gained an appreciation of the difficulties inherent in attempting to reform the system of institutional care from within All the while, PCI witnessed the continuing inflow of infants into a "pipeline" of life-long institutional care NEWSTART was designed to highlight these issues and to introduce cost-effective ways to reduce the number of children dispatched to institutions PCI decided to continue to utilize professional volunteers from the American medical community However, a shift was made from the previous hands-on, immediate, curative approach to a long-term, developmental one based on practical training as an appropriate way to promote modern medical techniques and changes in clinical attitudes and behavior

The original project design called for training efforts to focus on Maternity hospitals In studying the problem of institutionalization, the Romanian Institute for Mother and Child Care (IMCC), in collaboration with UNICEF, found that

the NEWSTART Project was the Romanian Society for Sexual Education (SECS), a non-governmental organization founded by obstetricians. Initial discussions with SECS were, indeed, positive and relations between SECS and PCI are excellent (For example, SECS staff have provided valuable assistance in developing and conducting an on-going sexual education and awareness training program for the PCI staff involved in the Transitional Living Center Project.) Subsequent to Grant approval however, MOH officials successfully convinced PCI that joint involvement of the obstetric and neonatal practitioners was premature in the climate that then prevailed. PCI decided to limit program focus, at least initially, to the neonatal community while at the same time continuously highlighting the benefits of a perinatal approach to maternal and child health care

Discussions with the MCH Division of the MOH, and later with the newly created General Directorate for Programs and Reform, also in the MOH, led to a dialogue with the Director of the Newborn Division of the IMCC PCI, with the assistance of SouthWest Medical Teams (San Diego California), successfully recruited a senior, volunteer, neonatal physician and nurse team from the Kaiser medical group in Southern California who worked with a select group of Romanian practitioners, nurses and doctors, to develop an appropriate training curriculum and program framework PCI, the MOH, and the IMCC signed the Project Agreement in 1992

It was agreed that NEWSTART would follow the already existing IMCC Newborn Division structure in which Romania is divided into 12 geographic regions, each region served by a Team, each Team composed of the Senior physician and nurse of the Newborn Division of the largest regional Maternity hospital Five of the Teams are based in the major Maternities in Bucharest and the remaining seven Teams are located in the so-called University

towns of Sibiu, Cluj, Constanta, Timisoara, Tirgu Mures, Craiova and, finally, Iasi (Originally, there were six Bucharest Maternities represented but one has since been consolidated, the original participants have been encouraged to continue the training program)

It was decided that seven or eight Workshops could be conducted up to the project completion date of March, 1995 It was also believed that the maximum length of each Workshop should not exceed 10 days or two weeks Finally, it was agreed that all Workshops would be conducted in the outlying cities and not in Bucharest so as to afford participants the opportunity, not otherwise available, to see a range of facilities and practices from the entire country The Ministry of Health in conjunction with each local Sanitary Directorate affords the Romanian doctors and nurses the possibility to participate by authorizing time off, provides travel and perdiem costs, makes available training venues and facilities as needed, including specialized medical interpreters, and provides the American volunteers and PCI permanent staff with documentation that allows them reduced hotel rates

PCI/Romania and the IMCC jointly coordinate the planning, and administer and facilitate each Workshop. SouthWest Medical recruits American specialists who volunteer their time and pay their own airfares Potential American participants are rigorously screened by previous Teams who also work with each subsequent Team to prepare lesson plans in advance Course outlines and lesson plans are reviewed by previous American trainers and pouched to Bucharest where they are reviewed again by PCI and IMCC staff The lesson plans and outlines are then finalized, translated and disseminated to the Romanian participants As of this writing, five Workshops have been successfully conducted PCI encourages American Teams to

consider repeating as volunteers, two teams have already done so and one is contemplating a third Workshop.

III Statement of Work

The purpose of this evaluation is to provide guidance and recommendations regarding project progress to date in achieving the inputs and outputs in a timely fashion (as defined in the DIP dated November 1992), the constraints that impact on progress, the likelihood of achieving the project purpose within the remaining timeframe and budget and midterm corrections The evaluation will consider the contextual situation as it focuses on major activities and expected outcomes, documenting reasons for delays and/or changes from what was initially expected, and recommendations for future project management and project sustainability

PCI expects to expand the current neonatal training program in several important areas and dimensions. The activities conducted so far under this grant are important to reducing the number of infants who are at risk of life-long institutionalization but current efforts are clearly only one part of improved mother and infant health Recommendations from this evaluation will be helpful in, first, developing a training program that will stress the continuum of care along perinatal lines Secondly, the evaluation team should examine the potential for involving larger numbers of practitioners in an expanded training program Thirdly, the evaluation team should examine possibilities for a model, Judet (County) level Safe Motherhood Program in Valcea

It is too early in the life of the project, even though the grant provides only one more year of funding, to measure the impact of the project against the stated goal of reducing abandonment and

institutionalization of infants from Romanian maternity hospitals Other project objectives, however, can be measured or perhaps estimated, these include the number of participating Maternities that have adopted Family Centered Care Units or Rooming in systems, breastfeeding rates, changes in paternal and sibling visiting privileges, reduced number of days of stay for normal deliveries The evaluation team will assess the progress made in revising standards and protocols used by the MOH as instigated by the NEWSTART process Reforms are being suggested by the IMCC as a part of this process in such areas as risk classification, practices for low birth weight, prescriptions for adequate caloric intake NEWSTART participants are also making efforts to revise standards for infection control and practice The evaluation team should examine the changes made or suggested as new protocols for feeding practices, resuscitation practice, thermoregulation, and treatment of jaundice

While not specifically stated in the DIP, the new management of PCI in Romania decided that an important objective of the NEWSTART project should be to participate and support the process of private sector involvement in the development of alternatives to government control of the medical and health community In particular, PCI became interested in helping NEWSTART participants create a professional association that can, among other goals, sustain current efforts at reform in the maternal and child health sector. The evaluation team should recommend concrete ways that PCI can best assist the newly formed Romanian Neonatal Association in the coming years to achieve mutual goals One particular possibility that PCI would like the evaluation team to consider is the establishment of an Endowment or Trust Fund utilizing the proceeds of the sale of USDA donated commodities (Such a possibility should also be explored for an Endowment for Salvati Copiii/Valcea)

In addition to the procedural objectives listed above, a significant amount of theoretical and practical clinical information and knowledge has been imparted The evaluation team should assess the relevance of the course content, determining how well it matches the realities of the Romanian health care system, and how well it matches with UNICEF and WHO recommendations for newborn care Moreover, because PCI hopes to expand the training program from the large, urban maternities to outlying, smaller facilities, the evaluation team should likewise extend the question of course content relevance from the current project framework to a broader, presumably less sophisticated environment of small town maternities and general hospitals

Because PCI hopes to build on the experience of NEWSTART, the evaluation team should re-examine the problem and the original rationale for the project The evaluation team should explore PCI's assumption that significant reductions can be achieved in child abandonment and institutionalization by pursuing a perinatal approach that focuses on both maternal and child health If the assumption is valid, then the evaluation team should recommend specific ways to expand NEWSTART For example, obstetric doctors and nurses in various parts of Romania who have been exposed to the NEWSTART model have expressed an interest in "having their own program" The evaluation team should recommend how their interests and concerns can be linked with those of neonatologists in ways that would foster a team approach The evaluation team may also examine the problems PCI would have to be overcome in implementing such a program While the above linkage with obstetricians for a perinatal approach was, indeed, foreseen by the DIP, it remains to be determined what the best approach may be to achieve that linkage The evaluation team can provide valuable insights into the options that PCI should explore in greater depth as it prepares for a second phase of NEWSTART.

A parallel question for the evaluation is how best to facilitate the dissemination of knowledge and practices from the current participants to the staff of their regional facilities What difficulties might be PCI encounter in convincing participating Sanitary Directors to free up their doctors and nurses to conduct ongoing, in-service training? The evaluation team should also explore to what extent NEWSTART participants recognize the need for special skill development if they are themselves to become effective trainers and the degree of willingness they have to invest the time needed to obtain those skills The evaluation team should recommend how such skill training can best be provided and by whom

IV Methods and procedures

The methodology will be mostly qualitative, relying primarily on interviews with key project leaders and counterparts, project staff, and document reviews The evaluation should respond to PCI's need for an objective assessment of this project, synthesis of lessons learned so far, and realistic recommendations for the future PCI hopes that the evaluation will be conducted in a highly participatory and collaborative manner, maximizing opportunities for feedback, discussion, and problem-solving with all persons involved

The principal methods for collecting qualitative evaluation data will be structured and non-structured interviews and observation Faced with issues which require collective input or the varied perspective of a group of people, the team may want to supplement individual interviews with group discussions or focus groups NEWSTART Workshop Six will be conducted in Craiova from June 6 to 17 The evaluation team will, therefore, have the opportunity to discuss various issues with all Romanian participants in one

location as well as with the visiting American training team

The evaluation process will be divided into the following steps

A Preliminary review of documents including the original project proposal, the request for a one-year no-cost extension, and the current detailed implementation plan

B Briefing by PCI team, and additional document review including quarterly and annual reports

C Site visit to NEWSTART Workshop Six, Craiova, plus various maternities in Bucharest and Ramnicu Valcea

D Interviews with key counterparts and collaborators

E Interviews with GOR counterparts, other donors, and USAID

F Submit draft report and brief PCI, IMCC and USAID on preliminary findings prior to departure from Romania

G. Submit final report

V Evaluation team composition

The evaluation team will be comprised of four individuals One will be from PCI headquarters in San Diego, California One will be from the Office of Human Resources Development, Office of the A I D Representative, Bucharest. One will be from the GOR, someone PCI and A I D hope to positively influence as a result of this evaluation. One will be an outside consultant selected by AID/Washington from a group of potential consultants proposed by PCI

VI Reporting requirements

A.I D 's required format for evaluation reports (draft and final) is as follows

--Executive summary
--Project Identification Data sheet
--Table of Contents
--Body of the Report
--Appendixes

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TRANSITIONAL LIVING CENTER
and SUPPORTED EMPLOYMENT PROJECT

SCOPE OF WORK FOR MID-TERM EVALUATION

"MEDICAL ASSISTANCE TO ROMANIA"
CA No EUR-0032A-00-1025-00
April 22, 1991 - March 31, 1995

I Activity to be evaluated

The "Medical Assistance to Romania" grant was signed by all parties and became effective on April 22, 1991 The original grant of U S $ one million, was to cover activities occurring in a 3-year period, or until April 1994 In the autumn of 1992, a 1-year no-cost extension was granted to the project extending the life of the project through March 1995 The current PACD of March 31, 1995 reflects this change

This grant actually funds two different projects which both work towards reducing the numbers of institutionalized children in Romania The Newborn Screening Training and Referral (NEWSTART) project provides training to neonatal doctors and nurses in Romania in order to reduce the numbers of infants entering the institutional system in Romania The Transitional Living Center and Supported Employment project provides a way for institutionalized, handicapped adolescents to leave the institution and be habilitated and integrated into the community as productive members of society instead of remaining institutionalized for life As these two activities are separate, they will be evaluated separately Therefore, the following terms of reference will be different for each project

TRANSITIONAL LIVING CENTER AND SUPPORTED EMPLOYMENT

II Background

In 1991 it was assumed that the chaotic pace of international adoption of Romanian children would only continue and if possible, accelerate This would result in facilities emptying and staff remaining without jobs PCI thought to capitalize on this situation by proposing to create 10 "half-way houses" in newly available buildings (the old orphanages), staffed by the same personnel, in order to "transition" erroneously institutionalized adolescents out of the institution and into society In actuality, all international adoption ceased in April 1991 while a Romanian Adoption Committee was formed to review the situation and provide guidelines for future international adoptions The numbers of children entering the institutional system have remained stable or increased Neither buildings nor staff have become available as originally assumed

Instead of creating 10 "half-way houses" PCI refocused its plan to create one model " Transitional Living Center (TLC)" for handicapped adolescents living in institutions for severely handicapped children (Detailed Implementation Plan/DIP dated November 1992) The numbers of children receiving direct intervention would be much less than originally anticipated, but the numbers of children who would indirectly benefit from a pilot program which could ultimately be replicated as a viable alternative to life-long institutionalization would be much greater By the end of the project it was hoped that 80% of the adolescents placed in the TLC would be judged to be self-sufficient one year after leaving the TLC as measured by employment, housing, and quality of life measures appropriate for

Romania, and that at least one additional TLC would be established by Romanian counterparts

The major activities to be completed which would result in the achievement of the above mentioned goals were the following

1 Identification of target group

2 Development of TLC curricula (basic life skills, socialization skills, vocational skills)

3 Labor market analysis carried out

4 Develop staffing plan for the TLC, roles and responsibilities for various positions, and recruit staff

5 Train TLC staff

6 Identify types of expatriate expertise needed and recruit volunteers

7 Facility renovated and ready to occupy

8 Operational procedures are developed and implemented

9 Services are provided which meet the goals and objectives of each participant's service plan (developed when entering the program)

10 Student evaluation

11 Job placement service operational

12 Direct and indirect public relations campaign waged in support of the TLC

13 Multisector inter-community advisory board created and actively involved in program implementation

In 1992 PCI began to look for an appropriate facility to use for the TLC, a facility which PCI felt had to be provided by the Romanian government in order to demonstrate their commitment to the program After a 4 month search throughout the country, an appropriate site was identified in Valcea county As per usual in Romania today, the facility needed extensive renovations just to be brought up to an acceptable standard prior to being inhabited The renovations began in the fall of 1992, after the necessary extensive approvals to renovate had been secured from various ministries and offices involved

Although the new plan was to create only one model TLC instead of 10 "halfway houses," it involved substantial additional funding requirements This was because the original grant request made assumptions about physical facilities and personnel being made available to the project by the government of Romania as a result of the many closed or closing orphanages As this did not occur, the facility which was ultimately made available to PCI for the project by the Ministry of Health needed substantial renovation work The facility includes not only a large manor house able to comfortably accommodate 20-25 residents but also an out-building which was identified as the future vocational training workshop So two buildings had to be renovated The estate is an 150 year old, historically protected building complete with 150 year old frescos Various limitations about what could or could not be changed (as dictated by the National Commission for Monuments and Historic Buildings) had to be taken into consideration As the original grant did not account for either renovation expenses or

operating and management costs of the TLC once open, PCI successfully secured substantial funding from a variety of additional sources

A generous donation of $100,000 from Monaco Aide et Presence (MAP), a private non-governmental organization in Monaco, allowed for the renovation of the manor house A generous grant in Romanian local currency, lei, was awarded by the Romanian Ministry of Finance after AID/Bucharest approval Unfortunately because of the rampant inflation in Romania and the difficulties incurred in expeditiously accessing these funds, the original grant, worth approximately $250,000, was only worth $60,000 by the time it could be spent Obviously all the items which had been budgeted under this grant were unable to be actually funded The grant did allow for the initiation of the renovation to the vocational training center (the building had to be carefully demolished and built up again using as many of the original materials as possible because it was structurally unsound) A generous donation in kind valued at approximately $100,000 was secured from a large American family and received in a 40 foot container sent from the USA This included furniture, office equipment, classroom equipment, tools, gardening implements, food stuffs, linens, clothing, toys, books, a large swing set for the village park in Maldaresti, a big trampoline, 13 bicycles, and various other things From closing U S military bases in Germany the project received furniture, appliances, office supplies, and one vehicle Additional appliances were received by the women of the American Embassy in Bucharest The Canadian embassy in Bucharest gave a donation Feed the Children, a U S PVO, has delivered two truck loads of donated food items and seeds Salvati Copiii Valcea/Switzerland, an affiliate of a Romanian NGO in Valcea county, made a donation of cash Other private donations continue to assist in the program operation

While the renovations were underway, in addition to supervising that work, PCI was busy identifying the potential future students of the TLC and recruiting them from the various residential hospitals for severely handicapped children and neuro-psychiatric hospitals throughout the country, recruiting the staff of the TLC, training the staff of the TLC, and mobilizing public support in the county of Valcea for the program Since funding for training was not part of the original grant request, PCI has secured funds from SOROS Foundation and the Peace Corps to finance several training workshops and study tours outside of Romania for project staff A relationship with the Rotary Club of District 1700 in southern France has been established and training opportunities for project staff have been made available there at the invitation of the Rotary Club The first 7 students moved in to the center in June 1993 (after the first week, one of the 7 returned to the "camin spital" at his insistence but has since returned to Maldaresti as the first new student accepted in 1994) They, along with the new staff and American volunteers, finished the work on/in the building and the grounds to finalize it for the official inauguration of the program in September 1993 PCI considers that date, September 17, 1993, as the official opening of the center Hence the first students have not yet completed their initial maximum of 12 months of training at the TLC At this writing, the vocational training center is still not completely renovated which also has some effect on the training program being implemented at present

As the program has developed it has become clear, with the assistance of technical support from experts in (re)habilitation and supported employment from the USA and Israel, that the creation of the Transitional Living Center and its program of (re)habilitation and vocational training is but the beginning of a more complete activity The other two components of the total picture are the independent/semi-independent living options for

students once they leave the TLC and the supported employment possibilities, with the necessary supervision These two components are presently being developed Once they are in place there will be a complete model demonstrating that for the same amount of money the government spends to institutionalize handicapped adults, young people with special needs can live and work effectively in the community as productive members of society instead of spending their entire lives behind the walls of custodial care institutions The activities conducted under the life of this grant are only the beginning of the total picture of a model alternative to life-long institutionalization in Romania

III Statement of Work

The purpose of this evaluation is to provide guidance and recommendations regarding project progress to date in achieving the inputs and outputs in a timely fashion (as defined in the DIP and log frame), the constraints that impact on progress, the likelihood of achieving the project purpose within the remaining timeframe and budget, and mid-term corrections The evaluation will consider the contextual situation as it focuses on major activities and expected outcomes, documenting reasons for delays and/or changes from what was initially expected, and recommendations for future project management and project sustainability

This evaluation will focus on the on-going development, management, and implementation of the project by PCI Specifically the evaluation team should identify successes and problems as measured against expected outcomes, noting modifications and/or constraints which may have hindered

progress, and make recommendations for improvement, including, but not limited to the following issues and components

A Project management
- * Organizational structure
- * General staff and resource management
- * Information flow

B Program implementation
- * Facility
- * Administration
- * Staff
  - Training
  - Performance
- * Students
  - Selection
  - Progress
  - Transition
- * On-going development
  - Technical assistance
  - Advisory board

C Collaboration/coordination/cooperation
- * Romanian NGOs
- * Other foreign NGOs
- * Romanian government
- * U S government
- * International organizations

D Sustainability
- * Romanian government ???
- * Romanian NGO ???
- * Combination of the above ???

As a result of this review, specific feedback and recommendations on the following questions are requested

-What priority actions need to be highlighted during the remaining, final year of the grant in order to achieve maximum impact?

-What specific problem areas might inhibit achievement of the anticipated end-of-project outputs as detailed in the DIP dated November 1992?

-How can PCI best overcome these problems in the final year of grant implementation?

-What is the best way to achieve maximum sustainability of the project over the short-term and over the long-term?

IV Methods and procedures

The methodology will be mostly qualitative, relying primarily on interviews with key project leaders and counterparts, project staff, and document reviews The evaluation should respond to PCI's need for an objective assessment of this project, synthesis of lessons learned so far, and realistic recommendations about the future PCI hopes that the evaluation will be conducted in a highly participatory and collaborative manner, maximizing opportunities for feedback, discussion, and problem-solving with all persons involved

The principal methods for collecting qualitative evaluation data will be structured and non-structured interviews and observation Faced with issues which require collective input or the varied perspective of a group of people, the team may want to supplement

individual interviews with group discussions or focus groups

The evaluation process will be divided into the following steps

A Preliminary review of documents including the original project proposal, the request for a one-year no-cost extension, and the current detailed implementation plan (dated November 1992)

B Briefing by PCI team, and additional document review including quarterly and annual reports

C Site visit to the TLC in Maldaresti

D Interviews with key counterparts and collaborators in the county of Valcea

E Interviews with GOR counterparts, other donors, and USAID

F Submit draft executive summary and brief PCI and USAID on preliminary findings prior to departure from Romania

G Submit draft report within 15 days of departure to PCI/Romania and PCI/San Diego, USAID/Washington and USAID/Bucharest

H Submit final report within 30 days of receiving comments from PCI and USAID but no later than 60 days after departure from Romania

V Evaluation team composition

The evaluation team will be comprised of 4 individuals One,

Barbie Rasmussen, will be from PCI headquarters in San Diego, California One, Cynthia Walker, will be from the Office of Human Resources Development, Office of the A I D Representative, Bucharest One, to be identified, will be from the GOR, someone PCI and A I D hope to positively influence as a result of this evaluation One will be an outside consultant selected by AID/Washington from a group of potential consultants proposed by PCI (Dr Patricia Stephenson is the consultant in mind)

VI. Reporting requirements

A I D 's required format for evaluation reports (draft and final) is as follows

--Executive summary, including the following

1 Name of Mission or AID/Washington Office initiating the evaluation , followed by title and date of full evaluation report

2 Purpose of the activity or activities evaluated, constraints or opportunities addressed, problems, solutions and relationship, if any, to overall Mission or Office strategy

3 Purpose of the evaluation and methodology used

4 Findings and conclusions, including any major assumptions about the activity that proved invalid

5 Recommendations for this activity and its offspring(s)

6 Lessons learned, if any

--Project Identification Data sheet

--Table of Contents

--Body of the Report, including the following, in 40 pages or less.

1 The purpose and study questions of the evaluation

2 The economic, political, and social context of the project

3 The team composition and study methods (one page maximum)

4 Evidence/findings of the study concerning the evaluation questions

5 Conclusions drawn from the findings, stated in succinct language

6 Recommendations based on the study findings and conclusions, stated as actions to be taken to improve project performance

--Appendixes, including the following

1 Copy of the evaluation scope of work

2 Most current logical framework

3 List of documents consulted and individuals and agencies contacted

VII. Funding

PCI will fund this evaluation

Annex B

Persons contacted

Project Concern Staff
Mr Tom Taurus
Ms Jill Gulliksen
Dr Marius Topala
Mr Sorin Dumitru
Ms Ioana Curteanu
Ms Sorina Oanta

Dr Mary Ann Micka, USAID
Ms Rodica Furnica, USAID
Mr Stanislaw Czaplicki, UNICEF Romania
Representatives of the Romanian National Committee for the Protection of Children
Ms Ecaterina Laudatu (Executive Secretary)
Ms Gabriella Coman
Mr Bogdan Panait
Ms Ileana Gagios
Ms Mariana Neascu
Dr Coulescu, Director Odobesti Workshop
Mr Mihailescu, Territorial Inspector SSH of Vrancea Judet
Babies of Romania (Irish NGO) working at Nicoresti, Vrancea
Dr Silvia Stoicescu, Chief Newborn Division, Institute of Mother and Child, Bucharest
Dr Brian Saunders, Dr David Brasel, Ms Margaret Werner, Ms Carol Miller, American volunteers, NEWSTART
Mr Avi Ramot, consultant to TLC
Focus group with all participants of NEWSTART
Individual interviews with all participants of NEWSTART
Mr Dan Shaughnessy, Executive Director of PCI International
Mrs Catalina Casu (Helios Foundation), Craiova, Dolj judet
Dr Dragos Serafim, Chief of Pediatric Services for Vilcea Judet and President of the Romanian Society for the Protection of the Rights of Children - Savati Copii Vilcea
Mrs Adriana Mitrache, Salvati Copii Vilcea
Mr Meresiev Barbuc, TLC Director and Mrs Rodica Barbuc, TLC Principal Educator
Mr Gheorghe Popa, The Mayor of Maldaresti, Vilcea judet
Dr Lazarescu, Sanitary Director, Vilcea judet
Mrs Munteanu, Territorial Inspector for the Handicapped, Vilcea judet
Mr Persu, The Sub-Prefect, Vilcea judet
Mr Balanoiu, Public Spokesman of the Prefect's Office, Vilcea judet
Dr Th Dan Viorel, Ministry of Health of Romania, Director of Maternal and Child Health
Professor Dr Adrian Georgescu, Director of Institute for Mother and Child
Dr Magherescu, Secretariat of State for the Handicapped
Ms Sabrina Huffman, World Bank

Site Visits

Odobesti Sheltered Workshop (SSH), Vrancea judet
Nicoresti neuropsychiatric hospital/camin spital (MOH), Vrancea judet
Birth house in Nicoresti village (MOH), Vrancea judet
Plataresti Residential Hospital for Disabled and Chronically Ill Adults, Bucharest (SSH)
Camin spital 8, Bucharest (SSH)
Newstart Workshop number 6 Craiova, Dolj judet
Helios Foundation group homes, workshops, sales outlets Craiova, Dolj judet
Maciuca Residential Hospital for Disabled and Chronically Ill Adults (SSH) Vilcea judet
Transitional Living Center and Supported Employment, Vilcea judet
Judet Maternity Hospital, Vilcea judet
Judet Pediatric Hospital, Vilcea judet

Documents consulted

PACT Evaluation summary

Scope of Work Transitional Living Center and Supported Employment

Scope of Work Newstart

Detailed Implementation Plan, Project Concern International, 'Medical Assistance to Romania' April 22, 1991 - March 31, 1995 (revised Nov 1992)

Extension and Program Revision Request, Cooperative Agreement No EUR-0032A-00-1025-00, August 21, 1992, submitted to USAID Bureau for Europe, Office of Developmental Resources, Democratic Pluralism Initiative

Letter from Diane M Miller, Grant Officer toMr Thomas McKay PCI Executive Director (April 5, 1991, with attachments)

United States Seed Act Assistance Strategy for Romania 1993-1995, approved July 20, 1993

Convention between the Romanian Ministry of Health, the Institute for Mother and Child Care and Project Concern International, January 25, 1993

Convention between the Romanian Sectretariat of State for the Handicapped and Project Concern International Aug 20, 1992

Project Concern International, 'Medical Assistance to Romania' CA NO EUR-0032-A-0-1025-00 April 1991-March 1995, Annual Report submitted to USAID Bureau for Europe, Office of Development Resources, Democratic Pluralism Initiative, April 1992-March 1993 with attachments

Project Concern International, 'Medical Assistance to Romania' CA NO EUR-0032-A-0-1025-00 Quarterly Report, April 1 -June 30, 1993 with attachments

Project Concern International, 'Medical Assistance to Romania' CA NO EUR-0032-A-0-1025-00 Quarterly Report, July 1 - September 30, 1993 with attachments

Project Concern International, 'Medical Assistance to Romania' CA NO EUR-0032-A-0-1025-00 Quarterly Report, October 1 - December 31, 1993 with attachments

Project Concern International, 'Medical Assistance to Romania' CA NO EUR-0032-A-0-1025-00 Draft Quarterly Report, January 1 - March 31, 1994 with attachments

Program Summary, Transitional Living Center and Supported Employment

Project Newstart Romania, Neonatology Core Curriculum, Nov 1, 1992, Alvin A Miller, MD, Director of Neonatology, Kaiser Hosptal Panorama City Ca, USA & Susan M Tucker, RN, Director of Neonatology, Kaiser Hosptal Panorama City Ca, USA

Neonatal Task Force, 1992 - Romania, organized by Project Concern International and the MCH Division [sic - i e , General Directorate] of the Ministry of Health & the Institute of Mother and Child, supported by the USAID, conducted by PCI/Option volunteers Alvin A Miller and Susan M Tucker Preliminary notes from the Sept roundtable discussions held at Municipal Hospital, Bucharest Romania, Aug 31 to Sept 9, 1992 as part of the PCI/Romania Newstart Project

Newstart teaching modules chart

Outline modules 1, 2,3,4,5,6,7,8 workshop 5 (Newstart)

Outline, Teaching workshops, Romania June 1993

Outline Newstart lectures workshops 2,3,4,5

Follow-up memoranda from Brian S Saunders, Dian Doyle, and Ellen Milan, May 18, 1993, Ann Ingraham Feb 22-Mar 5, Dr Bromberger, June 7-16, 1993, Dr Alvin Miller, Sept 23, 1993, Alvin Miller, Robin Watson, Karen Crawley, Sept 26, 1993, Karen Crawley, Robin Watson, Nov 12, 1993, Nurses Report, workshop 3, Sept 6-16, 1993 by Karen Crawley and Robin Watson

Course evaluation summary by team 3 Plus samples of pre and post test questions

Final Report, June 10, 1993 A framework in support of a draft strategy for health, population and humanitarian assistance in Romania Bucharest, Romania

Transitional Living Center Survey Nov 1992 (questionnaire)

Protocol for client selection (TLC) and outline of assessment criteria

Logical framework TLC

Newstart program evaluation plan

Documents pertaining to the Romanian Neonatology Association Mission Statement, Bylaws, etc

Annex C

Interview schedule--for assessment of hospital policies and practices

1 Has team shared information learned in workshops with colleagues in own hospital (how many doctors/nurses)?

2 Would you be interested in giving training courses to other doctors and nurses in your district or in other districts?

3 What kind of things would you want to teach?

4 Would you be able to take time from your regular duties, with pay, in order to teach?

5 Is the content presented in the workshops being integrated into the regular university curriculum?

6 Does your hospital have rooming in?

7 (If yes to 6) What percentage of beds are for rooming in?

8 (If yes to 6) Are there any criteria (guidelines) re who may room in? (what are the criteria?)

9 Are mothers encouraged to breastfeed on demand (whenever they want and the baby wants) or do they breastfeed on a fixed schedule?

10 Are mothers given their babies to breastfeed within 30 minutes after the baby is born?

11 Are infants given supplementary glucose water, plain water or tea in the first few days following birth?

12 Is the father of the baby allowed to visit on the postpartum ward?

13 If a baby is in intensive care, are mothers allowed to sit by the baby and help take care of the baby?

14 Do low birthweight babies have to be 2500 grams before they are discharged?

15 In your hospital are mothers counselled about family planning and referred to services before they are discharged?

Annex D

Project Concern International
Bucharest / Romania

N E W S T A R T P R O G R A M
E V A L U A T I O N P L A N

GOAL	INDICATOR
Decrease # of children entering abandoned institutional system from 13 regional hospitals represented by the training teams	Decrease % of children in maternities compared with baseline

PURPOSES	INDICATOR
Family oriented hospital maternity practices in 75 % of regional hospitals (13) beds	Increase rooming-in from 1 to 10 (out of 13 hospitals) and from 15 to at least half of the

OUTPUTS	INDICATOR
1 Develop neonatal training curriculum and obtain certification.	1 Curriculum exists and is certified
2 13 trained teams provide training to staff in 70 maternity facilities	2 Number of facilities in which 50 % of staff trained Number of type staff trained MD + RN function as team
in	training
3 Develop resource center.	3 Resource center transferred to the
Institute of Mother	and Child Care.
4 Breast feeding promoted in 75% of regional maternities (10 out of 13)	4 Increase % of mothers who leave hospital breast feeding their infants

5	Reform risk classification practices for low birth prematurity weight adequate	5 Training teams correctly classify SGA + + prescribe caloric intake
6	Revise standards for infection control and practice	6 Revised standards presented to Ministry of Health for acceptance
7	Develop protocols for feeding practices, thermoregulation, jaundice, resuscitation and rooming-in	7 Revised standards presented to Ministry of Health for
8	Develop and support professional organization to promote neonatology. with Perinatal/Neonatal	8 An association exists including nurses and doctors and is matched an U S. Association Quality assurance and infection control on the organization's agenda

INPUTS		INDICATOR
1	Volunteer neonatologists and neonatal nurses provide training.	3 MD's and 6 RN's >>> 20 person weeks of professional training
2	Training workshops	7 workshop held

Goal Minimize future placement of children in institutions

PURPOSES

1 80% of adolescents per year placed in Transitional Living Center successfully integrated into community living

2 TLC model is replicable

Reporting Period July to October 1993

End of Project Status- Indicators

1 32-40 adolescents per year have graduated and are successfully living in a non-institutionalized setting after leaving the TLC with regards to employment housing quality of life

2 GOR initiates second TLC

Outputs	Indicator	Cumulative thru Last Period	Present Reporting Period	Next Reporting Period
Functioning rehabilitated facility which includes living space & training ctr	Clients living in Center	Manor House open w/ 6 clients		
		Training Center Renovation contract signed	Training Center Renovation ongoing	Renovation Completed
	Client selection criteria developed	6 clients move to TLC to begin study	14 Additional Clients identified	

Outputs	Indicator	Cumulative thru Last Period	Present Reporting Period	Next Reporting Period
Living socialization & vocational skills training program developed for clients	Various curricula developed responding to clients needs	Ongoing	Elwyn Jerusalem agrees to conduct curriculum design	Finance Curriculum Development
	Labor Market Analysis Completed	Cancelled	Determine Appropriate Training Center Utilization	Establish Work Skills Training Program at Workshop determine equipment & staffing needs
Trained staff begin TLC operation	Develop staff training program	Orientation Workshop Conducted	Two week staff training program provided by two Elwyn Jerusalem consultants	Reassess training needs organize and finance second two week staff development program w/ Elwyn Jerusalem
	Develop job descriptions	Completed	Review & Revise	
	Recruit/train Romanian staff	Site Director Principal Educator 12 Educators plus 2 sets of House Parents Accountant & Administrator hired	Recruit third set of Houseparents	Additional set of "Houseparents" hired
	Identify types of expatriate expertise needed	Training Needs Assessment conducted w/ Elwyn Jerusalem Executive Director & American psychiatric nurse	Two Elwyn Trainers in-country Peace Corps Volunteer in country	Formalize relations w/ in country expatriate experts

Outputs	Indicator	Cumulative thru Last Period	Present Reporting Period	Next Reporting Period
Supported Employment Service in operation	Labor Market Analysis completed	Cancelled	see above	
	Clients gainfully employed		Six students have apprenticeships and /or part time jobs	Apprenticeships continue
40 to 50 adolescents benefit from the TLC program annually	Number of Individuals served		Six	8 to 10
GOR & Community support the TLC Program	Direct and Indirect Public Relations Program		Ongoing currently informal	Advisory Board will assist in formalizing efforts
	Multisector advisory board created and actively involved		Being Developed	Board in place
GOR initiates second TLC	Second TLC opens			

Annex E

MS - NR 3284 / JANUARY 25, 1993

CONVENTION

between the Romanian Ministry of Health, the Institute for Mother and Child Care "Professor Dr Alfred Russescu" and Project Concern International, an American private voluntary organization

The Ministry of Health (hereafter referred to as the MOH), represented by Dr Alin Stanescu - General Director of Health Programs and Reform, and the Institute for Mother and Child Care "Prof Dr Alfred Russescu" (hereafter referred to as the IMCC) represented by Prof Dr Adrian Georgescu - Director - and Dr Silvia Stoicescu - Head of the Newborn Department - and Project Concern International (hereafter referred to as PCI), represented by Mr Thomas J Tauras Country Director, agree to collaborate together to organize a course for improving professional knowledge in neonatology as a complementary activity to the program of restructuring of the health system concluded by the Government of Romania and the World Bank The objective of the course is to train 12 (twelve) teams of regional instructors for neonatology, who during and after the course will provide training on a national scale for the Romanian specialists from the newborn departments in order to improve the medical and health care in the maternities and to avoid the abandonment of children

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Art 1 - OBJECTIVES

A To teach, train, and update Romanian Neonatal Health Care Providers over the next two to three years

B To establish a base for continuing growth and advancement of neonatal care in Romanian hospitals

C To create twelve (12) teams of Romanian regional trainers who will continue education and training of their colleagues

D To prepare Romanian Neonatal Care Providers for the advanced mechanical and technical neonatal practices

Art 2 - IMPLEMENTATION

Project Concern International and the Ministry of Health agree to conduct this course of instruction over the next 18 months during which at least seven Workshops will be organized Each Workshop will be conducted over a period of two weeks Twelve Romanian teams will attend all Workshops

A Personnel

Will include seven (7) American volunteer teams composed of at least one (1) neonatal physician and one (1) neonatal nurse and twelve (12) Romanian teams each with a neonatal physician and one (1) neonatal nurse chosen by Director of I M C C

Romanian regional trainers to participate will be the same twelve (12) doctors and twelve (12) nurses throughout the program

There are two (2) "teachers" and twenty-four (24) "students" through the two (2) year program

"Teachers" may be different or repeaters over the two (2) year period

Ancillary disciplines as deemed necessary as program progresses

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B Potential Sites of Program

1 Bucharest
2 Sibiu
3 Cluj
4 Timisoara
5 Constanta
6 Tirgu Mures
7 Iasi
8 Craiova

Allows practical training at each facility or city having trainers (students) in the program

C Intervals of Workshops

Flexible periods of every two to three months starting February 1993

Currently planned for February, April, June, October, December 1993 and February, April 1994

D Format of Curriculum

Will include didactic and practical teaching

Will be appropriate for both doctors and nurses

Will allow flexibility for unexpected changes in site/facilities/people and sudden clinical opportunities

Workshop will be two (2) week periods

E Curriculum

This curriculum is designed to be a base from which the team is to teach and train Each teaching team will have their own style, content and methods of instruction and they will focus on

* Modules of Neonatal Care Practices

* Objectives

* Practical Training

Art 3 - RESPONSIBILITIES

A P C I endeavors to the best of its ability to

* provide technical consulting through the American experts who will teach the following topics

- Assessment
- Nutrition
- Infection
- Respiratory
- Relationship Module
- Hematology
- Neonatal Surgery

* help improving the knowledge level of the Romanian specialists by bringing audio/visual aids, written materials (articles, books, revues), tables and graphics,

* provide equipment for the practical sessions if this can not be obtained by the Romanian organizers,

* handle the logistics for the American experts teams and also for the P C I staff which will accompany them (transportation, housing, meals)

B The Romanian M O H endeavors to its best abilities to

* provice logistics for the Romanian specialists teams (transportation, housing, meals),

* help the theoretical and practical sessions of training with audio/visual and demonstrations technical equipment,

* provide proper teaching conditions (rooms) for the program,

* appoint the I M C C as direct counterpart for P C I in order to plan, coordinate, implement and evaluate the program,

* appoint the Head of the I M C C Newborn Department, Dr Silvia Stoicescu, as the I M C C representative and direct P C I collaborator for this program,

* provide translation for the specialty materials before every workshop as well as for those that follow them,

* provide translators for the theoretical and practical sessions

C The I M C C "Prof Dr Alfred Russescu" endeavors to its best abilities to

* appoint the participants for the program and to inform P C I and M S of changes supervened,

* organize the workshops together with P C I,

* participate for the on going evaluation

U N I T E D S T A T E S
O F A M E R I C A

Project Concern International

Thomas J Tauras
Country Director

R O M A N I A

Ministry of Health

Dr Alin Stanescu
General Director
General Direction of
Health Programs
and Reform

Institute for Mother
and Child Care
"Prof. Dr. Alfred Russescu"

Prof. Dr. Adrian Georgescu
Director

Dr. Silvia Stoicescu
Head of the Newborn Department

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Annex F

PROJECT NEWSTART ROMANIA

NEONATOLOGY CORE CURRICULUM

November 1, 1992

Alvin A. Miller, MD
Director Neonatology
Kaiser Hospital
Panorama City, CA

Susan M. Tucker, RN
Director of Nursing
Kaiser Hospital
Panorama City, CA

"NEW START"
ROMANIA

Alvin A Miller, M.D

OBJECTIVES

1. To teach, train, and update Romanian Neonatal Health Care Providers over the next two to three years.

2 To establish a base for continuing growth and advancement of neonatal care in Romanian hospitals.

3 To create twelve (12) teams of Romanian regional trainers who will continue education and training of their colleagues

4 To prepare Romanian Neonatal Care Providers for the advanced mechanical and technical neonatal practices they will receive in the future.

PERSONNEL WILL INCLUDE

Seven (7) American volunteer teams composed of at least one (1) neonatal physician and one (1) neonatal nurse.

Twelve (12) Romanian teams each with a neonatal physician and one (1) neonatal nurse chosen by Director of AMCA Romania

Romanian regional trainers to participate will be the same twelve (12) doctors and twelve (12) nurses throughout the program.

There are two (2) "teachers" and twenty-four (24) "students" [illegible] the two (2) year program

Teachers may be different or repeaters over the two (2) year period.

Ancillary disciplines as deemed necessary as program progresses

SITES OF PROGRAM

1 Bucharest
2 Cluj
3 Iasi
4 Craiova
5 Tirgumures
6 Timisoara
7 Sibiu

Allows practical training at each facility or city having trainers (students) in the program

INTERVALS OF WORKSHOPS

* Flexible periods of every two to three months starting February 1993 Currently planned for February, April, June, October, December 1993, and February, April 1994

FORMAT OF CURRICULUM.

* Workshops will be two (2) week periods
* Will include didactic and practical teaching
* Will be appropriate for both doctors and nurses
* Will allow flexibility for unexpected changes site/facilities/people and sudden clinical opportunities

CURRICULUM

This curriculum is designed to be a base from which the team is to teach and train. Each teaching team will [illegible] content and methods of instruc-

* Modules of Neonatal Care Practices
* Objectives
* Practical Training

It is not the intent to write a complete text of neonatology It is our intent to be inclusive of the basic neonatology practices from which our Romanian colleagues can build a strong discipline of neonatology in their country in future years.

MODULES OF INSTRUCTION

1 Assessment
2. Nutritional
3 Infection
4 Cardio-Respiratory
5 Relations of Staff to Parents to Neonate
6 Hematology
7. Neonatal Surgery
8 Potpourri

DIAGRAM OF PROGRAM

(MD) AMERICAN TEAM (RN)

(1)	Sibiu	(4)	Craiova	(7)	Bucharest:
(2)	Cluj	(5)	Targu Mures		Imco — Municipal
(3)	Iasi	(6)	Timisoara		Titan — Poliziu
					Pantilimon — Pansit Sirbu

WORKSHOPS - Lectures and Practical

Mon	Assessment
Tues	Nutrition
Wed:	Open - Review, Evaluate
Thur:	Infection
Fri:	Respiratory
Mon	Relationship Module
Tues:	Hematology
Wed:	Open - Review, Evaluate
Thur	Neonatal Surgery
Fri:	Potpourri

The curriculum is designed to be taught in a "step up" pattern. For example, February 1993 teaches the basics of nutrition, and April 1993 reviews this and proceeds to the next step. Over seven (7) workshop periods the entire module is covered from Step 1 to Step 7. The same pattern would be carried out with each module.

UNSORTED ISSUES

* Audio/visual aids, handouts, graphs, tables will be part of program.

* References will be limited to two (2) basic texts of neonatology for physician and nurse.

* Language barrier will extend teaching time by at least 50%. Thus, a one (1) hour lecture will be one and one-half (1-1/2) hours with interpreters.

* Return of the same teacher team for a future workshop would be beneficial (e.g., six [6] people).

* Flexibility of the program is allowed for sickness, unexpected clinical opportunities, weather, and "acts of God".

* Teaching teams may be available in the United States allows workshops in the country for teachers. This will be a time saver when in Romania

* Teaching teams that include doctor and nurse who are from same facility or have worked together is ideal.

* Harvesting teams is easier if expenses can be partially covered

PROJECT NEWSTART ROMANIA TEACHING MODULES

Alvin A. Miller, M.D. and Susan M. Tucker, [illegible] BSN

WORKSHOP	I. NEWBORN ASSESSMENT	II [illegible]RITION	III PERINATAL INFECTION	IV CARDIO-RESPIRATORY
Workshop #1	Fetal Development Disturbed [illegible] Life) [illegible] Infant Variation Assessment, Physical / Behavior	Basic [illegible] Calories Prot[illegible] [illegible]ohydrates Fat Water [illegible] [illegible]olyte Balance	Maternal [illegible] Risk [illegible] Neonatal [illegible] Bacteria	Delivery Room Management Apgar Scoring Thermoregulation Suctioning
Workshop #2	[illegible] Thermoregulation Hypo[illegible] [illegible] LGA	Additives Vitamins etc [illegible] [illegible] [illegible]ered Milk Hypo[illegible] (IDM)	Neonatal Sepsis Prevention Diagnosis & management Antibiotic	Oxygen Use Guidelines Asphyxia Aspiration Syndrome
#3	Assessment of Gestational Age Intrauterine Growth Retardation (IUGA) Dubowitz/Ballard Assessment [illegible] Gestational Age (GA)	[illegible] Disturbance (Calcium Glucose [illegible]) Infant of Diabetic Mother	Nosocomial Infections Prevention Strategies Hands Gowns Mask Visitation Isolation	Pneumonia Apnea & Bradycardia Respiratory Distress Syndrome
#4	Congenital Abnormalities [illegible] [illegible]	[illegible] [illegible] Malnutrition [illegible] Anemia	Handwashing Integument [illegible] care [illegible] [illegible] [illegible] care and [illegible] [illegible]e etc.)	Heart Failure [illegible] Patent Ductus Arteriosus [illegible]
[illegible]	Assessment of Symptoms Respiratory Distress Gastrointestinal Neurologic	Necrotizing Enterocolitis	[illegible]tal Infection [illegible] Infection [illegible]ally Transmitted	Enriched [illegible] Hood [illegible] CPAP [illegible] Ventilator [illegible] Gas Machines
[illegible]	Follow Up Of with Failure [illegible] Long [illegible]	[illegible]	[illegible]ation Schedules [illegible] Form and [illegible]	Pneumothorax Pulmonary Interstitial Emphysema Surfactant Therapy

[illegible] [illegible] Module V on Relationships

WORKSHOP	V. RELATIONSHIPS Neonate, Family, Staff	VI HEMATOLOGIC	VII NEONATAL SURGERY	VIII POTPOURRI
Workshop #1	Rooming In--Bonding Prenatal & Postnatal Education Visiting Issues/Policies Role of Father	Normal Hemogram Normal Variations RH/ABO Blood Types	Emergency Surgery Diaphragmatic Hernia Tracheo Esophageal Fistula Abdominal Wall Defect	Neonatal Seizures Cerebrospinal Fluid
Workshop #2	Education Mothers Class-Audiovisual Nurse Staffing Ratios Multidiscipline Rounds	Jaundice Hemolytic Disease Phototherapy	Intestinal Obstruction Review of Session I	Monitoring Cardiorespiratory Temperature Oxygen Saturation Blood Pressure
Workshop #[illegible]	Consultations Case Conferences Hospital Stay	Polycythemia Thrombocytopenia [illegible]	[illegible] Urinary Disorders Other [illegible] Disorders	Ophthalmologic Auditory Evaluation
Workshop #[illegible]	Discharge Planning Counselling for Sick/Dying Baby Bereavement	[illegible] Volume [illegible] [illegible] [illegible]	Neurosurgical [illegible] [illegible] [illegible] [illegible]	[illegible] Other [illegible]
[illegible]	Transport [illegible] Guidelines Follow Up Care Normal & High Risk	[illegible] Transfusion [illegible] [illegible] Syndrome	[illegible] [illegible]	[illegible]
Workshop #6	Death Conference Obstetric & Neonatal Conference	[illegible]	[illegible] Postoperative Diaphragmatic Hernia Tracheoesophageal Fistula [illegible] Obstruction Gastroschisis [illegible]	Trauma [illegible] Birth Injuries

Workshop no 2 - Cluj Napoca June'93

Patricia Imsand *Bromberger*, MD
Angelina Alcantara *Endozo*, RN
Connie Faye *Willemssen*, RN

1 Temperature regulation
2 Hypoglycemia
3 Nutrition in term & preterm infants
4. Neonatal sepsis
5 Perinatal asphyxia
6 Parent education
7 Neonatal jaundice
9 Monitoring Oxygen use guidelines
10 Developmental outcome of infants cared for in intensive care nurseries
11 Fluid & Electrolyte facts for neonatal surgery

Workshop no 3 - Constanţa September'93

Alvin A. *Miller*, MD
Robin Louise *Watson*, RN
Karen Jaquias *Crawley*, RN

1 Infant of diabetic mother
2 Umbilical vesel catheterization
3 Respiratory distress of newborn
4. Congenital diafragmatic hernia
5. RH disease
6. Polycythemia
7. Gestational age determination
8 Neonatal hemorrhagic anemia
9 Macrosomia
10 Hyaline membrane disease
11 Interpreting the white blood cell count
12. Necrotizing enterocolitis
13 Pulse oximetry
14 Hospital stay - programs for baby & family
15 Infection control issues - visitation
16 Thrombocytopenia
17 Infection control guidelines
18 Pneumothorax
19 Surfactant therapy in treatment of prematures with respiratory distress
20 Fetal development - disturbed intrauterine life
21 Apnea
22. Neonatal convulsions
23. Cases for team discussions

98

Brian Stanley *Saunders*, MD
1 Placenta
2 Case studies
3. Renal function
4. Regionalization of perinatal care
5. Neurosurgical conditions
6 Calcium Phosphorus Rickets
7 Vitamin D deficiency Rickets

Kenneth Lyons *Jones*, MD
1. A clue to more serious structural defects
2. An approach to the child with structural defects
3 An approach to the child with prenatal onset growth deficiency
4 The effects of alcohol and cigarettes on the unborn baby

Ellen Marie *Milan*, RN
1 Patant Ductus Arteriosis
2. Persistent pulmonary Hypertension in the newborn
3. Newborn skin care
4 Management of myelomeningocele
5 Neonatal transport

Dian Kotarba *Doyle*, MD
1. Neonatal resuscitation Program update
2. Recognition of shock
3. Discharge planning
4. Nursery Infection control update
5 Understanding neonatal chest X-rays
6 Cardiac function and the neonatal EKG

Pamela Jean *Butterworth*, Management Consultant
1 Three basic management concepts Secrets of the "One minute manager"
2 Personal & Organizational communication skills
3. Group dynamics & Team work
4. Quality improvement process
5. Change management

Workshop no 5 - Tg Mureş March-April'94

Howard Bruce *Harris*, MD
Mary Ann *Short*, RN
Christine Jackson *Dennen*, RN

Module 1 - Newborn assessment
Module 2 - Nutrition Necrotizing enterocolitis
Module 3 - Perinatal infections Viral infections, fungal infections, sexually transmitted
Module 4 - Cardiorespiratory Enriched oxygen
Module 5 - Relationships Transport issues
Module 6 - Hematologic Exchange transfusions
Module 7 - Neonatal surgery Monitoring in the operating room
Module 8 - Potpourri Congenital heart disease

Annex G

PROJECT CONCERN INTERNATIONAL

"Medical Assistance to Romania"
Bucharest, Romania
Detailed Implementation Plan
April 22, 1991 - March 31, 1995

NOV. 1992

SUBMITTED TO
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR EUROPE
OFFICE OF DEVELOPMENT RESOURCES
DEMOCRATIC PLURALISM INITIATIVE

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PROJECT CONCERN INTERNATIONAL
DETAILED IMPLEMENTATION PLAN
COOPERATIVE AGREEMENT NO EUR-0032A 00 1025-00

I BACKGROUND

In April of 1991, Project Concern International received funding under Cooperative Agreement No EUR-0032A-00-1025-00 to implement a three-year program to provide medical assistance to Romania This Detailed Implementation Plan covers the current program status and refined activity plans through an additional no-cost twelve month extension of project activities to April 1, 1995

The goal for this program is to provide medical, health, educational and social services to children who currently reside in institutions, to protect those at-risk of inappropriate placement in institutions and to increase the capacity of the Romanian public and private health and social service agencies to provide improved care for these children

The program has two primary objectives which address needs of children at the entry and exit levels of the Romanian institutional system for children The first of these is a program to train trainers of Romanian obstetric and neonatal health care providers The Newborn Screening, Treatment and Referral Training program, or NEWSTART, is a series of training of trainer (TOT) workshops for Romanian obstetricians and neonatal care providers focussed on reducing the inappropriate placement of newborn infants in institutions and on providing improved health care for newborns As the program has developed over the last several months, PCI has been able to identify a more appropriate Romanian counterpart agency for the NEWSTART agency PCI will work with the MOH-sponsored Institute for Maternal, Child and Adolescent health (IMCA), the agency which will be responsible for establishing the standards for obstetric and neonatal care in the Romanian hospital system and for providing continuing education for these medical and nursing personnel

The second objective is to establish a single, model facility, the Transitional Living Center (TLC), that will serve as a "halfway house" for older, currently institutionalized, children who can be assisted to function independently in Romanian mainstream society The TLC will establish a viable and replicable model which will facilitate appropriate care to many more not only in Romania but in the region Although the site for the TLC has changed there have been no significant adjustments in the TLC program design as described in the DIP submitted in December, 1991

II BENEFICIARY POPULATION

The target beneficiaries for the NEWSTART program (newborn screening treatment and referral training for obstetric and neonatal care providers) are infants born in 12 university or first level hospitals, 40 Judet or second level hospitals who are at-risk of being placed into

institutions because of dystrophy (low-birth weight), or other easily-managed or correctable problems In addition strengthening of the counterpart agency IMCA will enable it to provide NEWSTART training for staff with resulting benefits to infants born in [illegible] level facilities

Target beneficiaries for the Transitional Living Center (TLC) program are children currently residing in Camin Spitals (institutions for the severely-handicapped), who, with minimal intervention, have the potential to become independent, productive members of Romanian society PCI has further defined children at highest risk in this group as those 15 18 years old These are children who were orphaned, abandoned, or institutionalized because of dystrophy or other easily managed or correctable problems They were largely passed over during the initial wave of adoptions, and are now approaching the age at which they can no longer remain in institutions for children After they reach 18 years of age, most will be transferred to Home Hospitals for the Elderly Once these young people enter the Home Hospitals, the outlook is grim There is currently no mechanism for securing release from these institutions As life time residents in the Home Hospitals, they receive little stimulation, and remain a burden on the Romanian government until they die

By targeting children at the entry and exit points of the Romanian institutional system for children, PCI hopes to protect these children and to effect a significant change in the system itself

Direct beneficiaries for this project are 32-40 adolescents per year who will have graduated and are successfully living in a non institutionalized setting after leaving the TLC with regards to employment, housing, quality of life

III NEWSTART

The purpose of the NEWSTART program is to improve critical care of newborns through the development of screening, treatment and referral protocols appropriate to Romania s current level of medical technology, while advancing the expertise of the Romanian neonatal and obstetric professions NEWSTART training workshops will assist physicians and nurses to determine the appropriate prescription of care for newborns

NEWSTART Objectives, by the end of project

- To train teams of obstetric and neonatal medical and nursing professionals from 12 University or first level hospitals to train 40 second or Judet level teams in screening, treatment and referral of newborns

  To have 90% of newborns born in 12 University or first level medical facilities and in 40 Judet or secondary health centers screened for dystrophy and other problems, treated, and referred according to NEWSTART protocol

10/

To enable IMCA (Institute for Mother and Child Care) to provide national oversight for the program, and expansion to third level facilities

Major Activities

1 Field test and Refine Training Curriculum The TOT training curriculum covering basic issues has been developed for NEWSTART and will be field tested and refined in the first workshop, scheduled for February, 1993

Expected Outcomes The TOT training curriculum will be used by the IMCA in its oversight and expansion activities The TOT methodology will be used by the IMCA to provide continuing education to the constituency of Romanian obstetric and neonatal care providers

Responsible persons The training curriculum was developed in-country by Alvin Miller, MD, a neonatal physician from Los Angeles, and Susan Tucker, RN BSN PHN, assistant director of nursing for Kaiser Permanente Medical Center in Panorama City, California, with assistance from Dr Sylvia Stoicescu, chief of neonatal programs with IMCA, and Thomas Tauras, PCI's country director these individuals will be responsible for field-testing and refining the curriculum

Schedule Curriculum design began in September, 1992, with an on-site visit by Dr Miller and Ms Tucker Dr Stoicescu and medical staff from the Municipal Hospital in Bucharest participated in the original draft work on the curriculum has continued in the U S Dr Stoicescu is scheduled to visit Los Angeles this month to review the final draft with Dr Miller Field testing and refinement of the curriculum is set for February, 1993

The NEWSTART Workshop curriculum covers the following topics

- **Birth Assessment**
  Normal
  Gestational age

- **Delivery Room Care**
  Anticipatory
  Equipment
  Skills, techniques

- **Infant Feeding and Nutrition**
  Caloric, fluid needs
  Specific needs
  Guidelines, methods
  Breasfeeding

- Oxygen Therapy, Asphyxia

- Family Attachment
  Rooming-in
  Bonding
  Other family members

- Infection Issues
  Neonatal
  Nosocomial

- Surgical Emergencies

- Intrauterine Growth Retardation

- **Meconium Aspiration Disease**

These topics will be presented in a two-week workshop, covered in lecture and discussion format in the mornings, followed by hands on practice and/or direct observation in the afternoons

2 **Recruit and Field OPTIONS volunteer obstetric and neonatal teams**

PCI through its OPTIONS program will schedule neonatal medical and nursing teams to conduct the training of trainers Teams will consist of two to four members and include a combination of physicians and nurses with neonatal or obstetric specialties eg neonatal physicians and nurses, obstetricians and nurse-midwives The first team has been recruited and is scheduled for February, at which time the TOT curriculum will be field-tested and refined PCI will field seven teams over the course of the program

Through the OPTIONS recruitment and referral system, PCI conducts a thorough screening of all potential volunteers, including credential verification and written reference checks Volunteers are provided extensive orientation materials in advance of service OPTIONS also recruits and coordinates volunteers through Southwest Medical Teams

Expected outcome The U S trainers will train IMCA and university level staff as trainers who will prepare a core constituency of Judet level obstetric and neonatal care providers to screen, treat and/or refer newborns according to updated protocol specific to the Romanian environment The IMCA and university level trainers will be able to expand training to practitioners in third level facilities

Responsible persons In the U S the Director of PCI's OPTIONS program nd the OPTIONS/Romania Program Assistant are responsible for recruiting and coordinating volunteer services in Romania The Director of OPTIONS Debbie Lalcan (Corr) served as acting country director for Romania and there are has excellent grasp of in country logistics and conditions The OPTIONS Roman Program Assistant is responsible for recruitment and coordination with PCI/Romania staff In Romania the country director is responsible for administrative oversight, the volunteer coordinator for coordinating logistics of team visits with the OPTIONS Romania program assistant and ensuring the needs of the volunteers are met in country and the NEWSTART program assistant for continuous local program support

Schedule PCI will field seven teams over the course of the program according to a workshop schedule which is flexible enough to accommodate both volunteer availability as well as Romanian priorities The first team has been recruited for February, 1993 Before the training curriculum was developed, PCI anticipated fielding 14 teams to conduct a total of 36-48 two-day workshops Following Dr Miller's and Ms Tucker's needs assessment for training, it was apparent that more time would be required to cover the essential topics In addition, the logistics involved in fielding 14 teams and in conducting workshops at several different sites during each team's visit were difficult The curriculum developed now calls for two week sessions with each session being held at one of seven different central locations

3 Training of Trainers

Plans call for OPTIONS teams to conduct TOT workshops for 12 Romanian teams of trainers, with each team composed of Romanian obstetric and neonatal physicians and nurses from university or first level hospitals Although the selection of candidates for training as trainers is obviously at the discretion of the Romanian MOH, PCI and IMCA recommend that criteria for selection include the physicians and nurses from the obstetric and neonatal hospital staff who currently have training and/or supervisory responsibilities in their own and the Judet (or secondary) facilities These workshops will be conducted on a rotating basis in seven different cities with the first in Bucharest workshops are also planned for Cluj, Iasi Craiova Tirgu Mures Timisoara and Sibiu One team is composed of staff from IMCA which will be responsible for logistics and eventual oversight for the NEWSTART program eleven teams are from the seven cities listed above

The 12 University or first level teams will in turn train and support 40 second or Judet level teams The Judet level team is composed of the chief physician and the head nurse of the obstetrics/neonatal units of each of the 40 Judet facilities

IMCA One of the first teams to be trained will comprise staff from the MOH s Institute for Maternal Child and Adolescent Health A representative from the

IMCA team will then assist each new OPTIONS team with the workshops in order to insure consistency of training and to gain practice in the TOT methodology IMCA will oversee the eventual training and support for providers in third level facilities in the Judets There are an average of four third level facilities per judet or approximately 160 third level units each with a doctor and a nurse responsible for newborn care that will benefit from this training PCI will provide IMCA with ongoing technical assistance as it carries out training for third level staff

The NEWSTART program will train the following

IMCA	-National Responsibility
University level	-12 teams
Judet level	-40 teams

IMCA will oversee training for

Third level	160 teams

The course of instruction follows the curriculum described above The course are conducted over a period of two full weeks, with the mornings for theoretical classes and the afternoon for practical training in the maternity hospital Depending on the topic the teams will remain together or break into smaller units of nurses or doctors or otherwise as appropriate

Schedule Seven workshops are scheduled The first will be held in February, 1993 The schedule is deliberately flexible, in order to accommodate both volunteer availability and Romanian priorities and logistics Considerable advance planning (up to four months) is necessary to coordinate the implementation of each workshop Workshops are tentatively scheduled as follows

1993 February
April
June
October (early)
December(early)

1994 February(late)
April

The TOT workshops will be conducted at first level sites located in the following cities the trainers trained in the workshops represent the facilities listed in the first column (marked with asterisk) They will in-turn provide on training for the neonatal and obstetric staffs at the health facilities (Second or Judet Level) listed in the second column

1 IMCA

One team will be trained from the Institute for Mother and Child Care (IMCA IMCA provides over all support and coordination for neonatal care to the Lr ers \ evel

2 **Bucharest (Five Teams)**

*Polizu Maternity Hospital	> Constanta
	> Ialomita
	> Giurgiu
*Prof Dr Panait Sirbu Maternity Hospital	> Prahova
	> Brasov
*Municipal Hospital Maternity Hospital	> Olt
	> Galati
*St Pantelimon Maternity Hospital	> Dimbovita
	> Braila
*Titan Maternity Hospital	> S A I
	> Tulcea
	> Arges
	> Buzau
	> Calarasi

(S A I is the Administrative Unit of the Agricultural belt area around Bucharest)

3 Cluj

*Clinic no 1	> Cluj
	> Bistrita-Nasaud
	> Alba
	> Sibiu
	> Salaj
	> Bihor
	> Satu-Mare
	> Maramures

4 Iasi

*Clinical Hospital Cuza - Voda	> Iasi
	> Botosani
	> Bacau
	> Vaslui
	> Neamt
	> Vrancea
	> Suceava

5 Craiova

*Clinical Hospital of Dolj county	> Dolj

> Mehedinti
> Gorj
> Vilcea

6 Tirgu Mures
*The County Clinical Hospital
> Mures
> Harghita
> Covasna

7 Timisoara
*The Clinic no 1
> Timis
> Caras-Severin

> Hunedoara
> Arad

8 Sibiu

This city has just been designated as one of the "University" level centers it will eventually be given geographic responsibilities, the hospital has identified a team for PCI to train

Expected Outputs and Outcomes One IMCA and 11 University or first level teams are trained as NEWSTART trainers These teams in turn prepare neonatal and obstetric care providers from 40 Judet level facilities Ideally, team size is four members from each facility, three will probably be the average

IMCA is able to apply the TOT methodology to the implementation of NEWSTART training in 160 third level facilities

Infants born in 12 first level, 40 judet level, and 160 third level hospitals are screened, treated and referred according to NEWSTART protocols Parents of these newborns receive appropriate counseling

Responsible persons Dr Sylvia Stoicescu, chief of neonatal services for IMCA, will oversee the logistics for the workshops, assisted by the PCI NEWSTART Project Assistant IMCA will arrange the training facility and inform the Romanian Teams of the venue and schedule The GOR (via the individual Sanitary Directorates of each of the cities listed above) will provide, according to their usual policies, payment to Romanian participants in the training, second hotel accommodations in the city of the training, and money for meals The Sanitary Directorate is also responsible for transporting the trainees by train if the trip is less than 300 km and by sleeper train or airplane if the trip is over 300 km

4 Evaluation of training

PCI along with IMCA will evaluate each training session by conducting a pretraining survey via questionnaire of each trainee to determine basic knowledge and practices

about neonatal care Following each workshop, trainees will complete an exit evaluation of the workshop, with follow-up after six months for a representative sample of the trainees to measure change in knowledge of the participants a[illegible] attitudes about neonatal care

Also, IMCA and PCI will survey a representative sample of hospitals with participating trainees at six and twelve months after training to observe standard practices and procedures in the care of newborns

Expected outcome Effectiveness of training demonstrated effect of training on demonstrated on prescription of care for newborns

Responsible persons PCI in collaboration with IMCA will be responsible for establishing and implementing these evaluations and site visits

Schedule PCI will hold seven workshops over the course of the program and the K&P survey of trainees will take place before each workshop and six months after the training The site visits will take place six months and one year after the original training

IV TRANSITIONAL LIVING CENTER (TLC)

The goal of the Transitional Living Center program is to minimize future placement of adolescents in institutions in Romania The purpose is to demonstrate by way of the development of a model TLC, that select, currently institutionalized adolescents can be successfully integrated into community living after a maximum stay in the TLC program of 12 months These adolescents would otherwise be living in government institutions for the remainder of their lives

TLC Objectives, by the end of project

- To have 80% of children placed in the TLC judged to be self-sufficient by TLC staff one year after leaving the TLC as measured by employment, housing, and quality of life measures appropriate for Romania

  To have at least one additional TLC established by Romanian counterparts

Major Activities

1 Identification of target group The target group will be selected from young adults or adolescents (aged 16-18+) who currently reside in State institutions for handicapped children or State run neuropsychiatric hospitals with pediatric units Candidates eligible for the TLC program are young people who possess some level of handicap (physical, mental, or social) To be considered for the program, they

must be determined through careful screening to be educable capable of learning a marketable skill, and capable of learning to live in a community setting These young people are at special risk because soon (theoretically at age 18) they will be transferred to residential institutions for handicapped adults from which there is little chance for release

Candidates will be referred to the program by representatives from PVOs working in institutions throughout Romania Various pilot interventions for this age group are being undertaken by these groups, and several have contacted PCI for more information about the TLC project PCI plans to make use of this network to select the most promising young people for enrollment in the program

Age data for institutionalized children is not readily available from either the SSH or the MOH In order to identify the population of institutionalized children aged 16 18+ PCI, with counterparts in the State Secretariat for the Handicapped (SSH), will survey the directors of 25 residential institutions for severely handicapped children, 3 residential hospitals for handicapped adults with children's units, and 5 neuropsychiatric hospitals with pediatric units

In addition to age information, the survey will collect information on each adolescent's potential functional ability based on the answers to a set of questions adapted from a similar instrument used successfully in the US PCI will also collect information pertaining to the family of each adolescent (if such information exists) and survey these families to identify family support, interest in participation in the TLC program and the potential number of candidates able to return to their family (extended family)

These various data will be collected and interpreted to identify an initial pool of clients The first clients will be selected from institutions which are closest to Maldaresti (the TLC site) From this group, PCI will arrange intake interviews to identify first clients Six of these will be selected for initial participation Person centered planning interviews will be conducted with each participant to determine individual goals and expected outcomes of TLC services

Expected outcome Specific selection criteria for TLC candidates are used by staff to select clients for the TLC from the 25 SSH residential institutions for hand capped children and 3 institutions for adults which include a pediatric unit, and the 5 MOH neuropsychiatric hospitals serving children throughout the country

A list of potential clients will be developed and updated annually including children from relevant institutions countrywide so that PCI will have a clear idea of the future client population This list will include age data on the children so that the older children, at greatest risk of transfer to institutions for adults, can be selected for participation

1.2

Responsible persons Program design accomplished by PCI OPTIONS vc [illegible] consultant Michael Walling assistant executive director for the Sc[illegible] Pennsylvania Rehabilitation Center the PCI TLC project coordinator and TLC project assistant are responsible for logistics and follow through of survey and screening, coordination of vocational and physical therapy needs, assistant project coordinator, SSH and MOH counterparts

Schedule Survey of the directors of institutions is set for the final quarter 1992 (this activity was initiated in September 1992, under the guidance of Mr Walling) Screening will take place during this quarter, and first quarter, 1993 TLC project staff are working with counterparts in the State Secretariat for the Handicapped and the MOH to develop then interpret the results of the survey instrument Site visits are planned for as many institutions as possible within the time frame to consult with the Romanian staff and any foreign groups in residence about potential TLC clients and about any activities involving this age group As information is collected within this period, PCI will establish admission dates and admission protocol with the appropriate GOR government ministries involved, and the first TLC program participants will be enrolled As clients graduate, new participants will be enrolled

2 Development of TLC curricula (basic life skills, socialization skills, vocational skills)

A curriculum for basic life skills and socialization skills for adolescents without previous formal education is currently in outline form Following completion of the labor market analysis, vocational training curricula emphasizing practical training is planned based on model vocational training programs in Romania the U S and Israel These curricula will be tested and refined with the initial participants and evaluated and revised after one year

Expected outcome Curricula in use in model TLC, clients trained Tested and refined curricula are adopted as standard for new TLCs

Responsible persons TLC project coordinator, asst project coordinator staff of the Institute for Rehabilitation and Special Education of Handicapped (under SSH) Ministry of Education, volunteer experts from the USA

Schedule Curricula development in 4th quarter 1992 and 1st quarter 1993 Revisions occurring during the first year of use Evaluation and refinement of curricula in first quarter, 1994

3 **Labor market analysis carried out**

PCI has retained the services of several professors and students at the Economics Department of the University of Craiova (the nearest university, approximately 100

kilometers from Maldaresti) to conduct a labor market analysis of the county of Vilcea in order to determine which vocational skills should be taught to TLC clients to prepare them for available jobs The study has the enthusiastic support of the Chamber of Commerce of Vilcea which is providing assistance for the survey

Expected outcome Assistance with development of vocational training program for TLC clients and identification of future jobs for TLC clients

Responsible persons University of Craiova Department of Economics Vilcea Chamber of Commerce Vilcea Department of Labor (including the unemployment office), PCI TLC coordinator, TLC project assistant

Schedule 4th quarter 1992-fieldwork, 1st quarter 1993-data analysis

4 Develop staffing plan for the TLC, roles and responsibilities for various positions, and recruit staff

Once the staffing plan has been developed, specific job descriptions will be written to correspond to each position (part and full time) Hiring policies will be determined Methods of advertising for the various positions will be determined A schedule for hiring staff will be determined in coordination with the program operations Interview procedures materials questions will be developed and operational The advertising of the various positions will be coordinated with the hiring schedule The hiring decisions will be timely to comply with program operations

Expected outcome Staff members of the highest quality and competency are hired work schedules are developed and operational Emergency backup plan developed and operational Work schedule will be evaluated periodically to determine the effectiveness for operations

Responsible persons TLC project staff, SSH and MOH counterparts local counterparts (prefer to hire persons from the area, if appropriate candidates are identified, in order to bolster the local economy), expert consultants

Schedule 4th quarter 1992, ongoing

5 Train TLC staff

A project orientation program will be developed to cover project goals operating procedures, PCI policies, management of the population training techniques health safety, and staff/student interaction The core training program topics identified for the residential staff for the first six months of operation include basic first aid positive behavior intervention techniques, goal planning, methods of communicating

and coordination, laws and regulations affecting operation of project Core training topics identified for the vocational staff (vocational trainers including job placement specialists) include person-centered planning (for each individual client) the market for job opportunities job development techniques, task analysis of work routines environment social analysis of the work environment training techniques development of natural supports in the work place and community, long-term support service strategies, management of case load, and the Ministry of Labor and Social Protection laws and regulations A training schedule will be developed to upgrade skills of staff per responsibilities which will be revised semi-annually Training needs will be solicited per staff member input Staff participation in training and self improvement will be evaluated through internal-external sources

Expected outcome Trained staff (residential and vocational) begin the operation of the TLC program

Responsible persons TLC project coordinator asst project coordinator, SSH and MOH counterparts expert consultants

Schedule 4th quarter, 1992, continued throughout life of project with on the-job training provided continually by volunteers representing various professional sectors who will be living and working on site TLC program operational by the end of the first quarter 1993

6 Identify types of expatriate expertise needed and recruit volunteers

Project support needs for the first six months of operations will be identified including needs for management/operations, residential services, vocational services and support services needs will be reassessed every quarter so that forward planning for volunteers can be carried out Volunteers provide hands on care plus in service training for Romanian staff

Expected Outcome Appropriate OPTIONS volunteers recruited and working at the TLC

Responsible persons TIC project coordinator and assistant project coordinator TLC center staff (Romanian and foreign)

Schedule 4th quarter 1992, ongoing

7 Facility renovated and ready to occupy

Funding is being secured to initiate and complete the renovations to the Maldaresti estate The funding will come from a local currency grant from USAID/Bucharest and from PCI private funds A contractor has been engaged to carry out the

necessary renovations The main house on the estate must be renovated before any clients can occupy the center The necessary outside work (including installing a new electric transformer to provide increased electrical capacity and rewiring the entire structure, a new water reservoir installed in the cellar, and new connections for the existing septic tank) must be completed prior to November 15 because in the county of Vilcea, it is illegal and unsafe to do outside ferrous concrete work between November 15 - March 1 due to cold temperatures PCI expects to generate private funds to finance these activities so that valuable time will not be lost in proceeding with the renovation work Once additional funding has been procured the renovation work to the inside of the house will begin USAID/Bucharest is in the process of reviewing and certifying (financial certification and engineering certification) the PCI local currency grant request which PCI hopes will be funded by the end of calendar year 1992 USAID/Bucharest has informed PCI that they agree in principle, to PCI's request for funding through the local currency mechanism In the meantime, PCI San Diego is going forward with exploring the possibility of procuring the necessary private funds in the event that the local currency grant is not forthcoming in a timely manner Furniture/appliances needs must be identified and the furniture and appliances procured the fuel supply source must be identified and the supply adequate for consumption The food and maintenance supplies must be determined and the required quantities supplied

Expected outcome Clients living in center, TLC program operational Preventive maintenance and building maintenance schedules are developed and modified during the initial operation to establish routine events schedule monthly and quarterly inspection schedules are developed and maintained Procedures for corrective actions are in place, functional and maintained

Responsible persons PCI (select contractor, oversee construction work solicit private funds to finance this activity), USAID/Bucharest (provide local currency to finance this activity), Romanian counterparts (provide the facility itself and the needed authorizations for the renovations to take place)

Schedule 4th quarter 1992 the contractor will be selected and the initial outside work will be completed prior to November 15, 1992 1st quarter 1993 the work will be completed on the house 2nd quarter 1993 the work will be started and completed on the training facility and the barn

8 **Operational procedures are developed and implemented**

The organization of staff is effective to serve participants (can be modified per population) Emergency procedures are developed tested, and operational The processes of admission and graduation are functional and meet the needs of the participants The methods for identifying living arrangements (post-TLC) are determined per participant Volunteers are used effectively to meet training needs of

staff or participants Organization of post TLC services are in place and capable of meeting need of participants Linkages with county offices responsible for required services are in place and functional Program operations evaluated quarterly with staff to determine needs and required modifications

Expected outcome The TLC program functions effectively and successfully

Responsible persons TLC project coordinator, assistant proj coordinato TLC center staff (paid and volunteers) expert consultants

Schedule Initial development during the lst quarter of 1993 ongoing throughout the life of the project

9 Services are provided which meet the goals and objectives of each participant s service plan (developed when entering the program)

Each participant's plan of service is reviewed with the staff prior to or upon admission into the TLC program Life skills training available and provided Social skills training available and provided Personal care determined and training provided Community orientation training provided Recreational opportunities identified and scheduled to enable participation Participant/family contacts expanded to enhance relationships and post-TLC supports, as appropriate Family orientation and training available to allow proper integration of the participant into the family structure and functions, as appropriate Follow-up plan developed and coordinated with local officials prior to graduation from the TLC Participant's plan of service reviewed monthly to determine skill acquisition and progress toward stated outcome goals Evaluated participant adjustment to community, post-TLC, and provide supports as required Evaluate the status of individuals on a quarterly basis to determine the impact of the TLC services Adjust the TLC services based on outcomes and quarterly assessments of prior participants

Expected Outcome TLC program functions effectively and successfully demonstrating desirability of replicability

Responsible persons TLC staff (paid and volunteers), local counterparts

Schedule The first clients will be receiving services at the end of the lst quarter 1992 The services will continue to be provided during the life of the project

10 Student evaluation

Evaluation on each student's progress will be done regularly, and, as students near completion of their programs,, PCI will assist them to secure housing and regular employment An alumni support network will be established to assist new graduates

with "problem-solving' The support group will meet regularly and plan annual reunions Each student will be evaluated one year after graduation according to criteria developed in the TLC curriculum

Expected Outcome These evaluations will guide the MOH and TLC staff in further developing the TLC program and will enable the TLC staff to follow the students progress

Responsible persons PCI's TLC staff will be responsible for evaluating each student s progress regularly

Schedule This activity will start with the first group of TLC students and will be an on-going process

11 Job placement service operational

Collaboration continues with the county Chamber of Commerce Vocational staff members are of the highest quality and competency to provide vocational services (training, job placement, follow-up) Linkages with county offices responsible for employment services are in place The program operations are evaluated quarterly with staff to determine the needs and required modifications

Expected outcome Clients gainfully employed in the community and community employers open to the idea of employing the handicapped

Responsible persons TLC vocational staff including a Peace Corps volunteer and Romanian staff, local counterparts

Schedule 3rd quarter 1993 ongoing

12 Direct and indirect public relations campaign waged in support of the TLC

Inter-government support will be achieved by forming national level advisory committee to project, continuing to monitor all laws and regulations which impact on or benefit the project, advocate changing adverse laws and regulations which inhibit project services, and developing joint memoranda of understanding with concerned ministries to facilitate the operation of the project

Quarterly meetings will be held of interagency advisory committee with agenda and status reports

Relationships with key parliament members and elected officials will be developed by regularly communicating project status, involving them in PR events seek their support for legislation and financial assistance

Develop format to maintain information flow to government and community officials (newsletter) Obtain feedback on information flow seek and use criticisms to improve quality and content of information

Expected outcome GOR and the community support the TLC

Responsible persons PCI and Romanian counterparts

Schedule 4th quarter 1992 ongoing

13 **Multisector inter-community advisory board created and actively involved in program implementation**

Identify all key officials, community leaders and local government offices responsible for services required by the participants Define existing structure of community organizations, people, and their degree of influence on the community Form inter community advisory board and identify group tasks which will enable the members to support/serve the TLC Identify barriers to TLC activities and seek advice and intervention from the advisory board Maintain quarterly meeting of the advisory board

Expected outcome GOR and community support the TLC

Responsible persons PCI and representatives of the municipal authorities, county health department, education department, labor and social protection department protection of handicapped department, Chamber of Commerce, employers, Church Save the Children (a local Romanian PVO), and USAID/Bucharest

(Other members to be determined)

Schedule 4th quarter 1992 ongoing

V Monitoring and Evaluation

Program monitoring will take place through monthly narratives and statistical reports sent to headquarters, and through quarterly narratives and financial reports sent to USAID/Washington

NEWSTART Under the authority of the MOH, Maternal, Child and Adolescent Health Division, IMCA will be responsible for supervising and reporting to PCI the on-training activities of the University level The Judet level teams, in turn, will report to the University level teams their activities, and then onward to the IMCA who will compile the reports and

pass them on to PCI By the time the first Workshop is completed in February, PCI and the IMCA will have developed and adopted an evaluation methodology and reporting mechanism to follow the progress of each of the workshops

IMCA has demonstrated capacity to organize and assist American teams conduct workshops (the neonatal resuscitation workshop held recently is one example) using the above structure to insure and report that the on-training was conducted, and to measure the effectiveness of that training

TLC Mid term evaluation is scheduled one year after TLC program is operational with a final evaluation in the first quarter of 1995 Periodic consultation & review will be carried out with AID/W -every 6 months or as deemed necessary

Regular consultation & review will be carried out with USAID/Bucharest, USAID/Bucharest will be asked to participate on the advisory board, hence be present when the board meets to discuss the TLC program, probably every month or every 2 months Also, PCI will meet with USAID/Bucharest whenever it is deemed necessary by PCI or by A I D

VI Sustainability

NEWSTART PCI believes that by working with the Romanian medical staff, through hands-on training and didactic sessions on neonatal topics, we can have the greatest effect of changing attitudes among Romanians in regard to procedures and care of newborns

In collaborating with a Romanian counterpart, such as IMCA, we can insure that the training will continue and that the standards for neonatal care are improved and implemented

TLC Among other commitments, the SSH has agreed to assume some of the operation and maintenance costs after the initial 12-18 months and to budget substantially more money for operation and maintenance afterwards Additionally, they are committed to replicating the TLC if demonstrated to be successful

An important part of the PCI implementation strategy is to involve the SSH, and other relevant GOR agencies, to the maximum extent feasible in the various phases of project implementation, including design and evaluation PCI's overriding goal in Romania is to, as an active partner with likeminded entities, accelerate the movement toward the de institutionalization of children, especially handicapped children PCI sees the TLC project as one path to that end, not only in terms of actually de-institutionalizing children but in terms of impacting on policy makers PCI's efforts and energy are not directed solely at implementing this project by making the Center operational but by sustaining it While strictly speaking, the project will be a success if PCI can integrate 80 percent of the "graduates" into community living, PCI will not consider its work done until the Center is

operated and financed by Romanians, and at least one additional Center has been initiated by Romanians

The PCI - SSH Agreement is best seen in that light By agreeing up front to pay operational costs within 12-18 months, and by the MOH providing a valuable real estate asset in the form of the Maldaresti Estate, the GOR is demonstrating its sincere and serious desire to see this project succeed and to carry on

TIMELINE

Timeline

	1992		1993			1994				1995			
es	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q +
NEWSTART													
Training Curriculum	X	X											
Recruit & Field Volunteers		X	X	X	X	X	X	X	X	X			
Training of Trainers		X	X	X	X	X	X	X	X	X	X		
Review Training		X	X	X	X	X	X	X	X	X	X	X	X
TLC													
Identify Target Group	X	X											
LC Curricula		X	X			X							
Labor Market Analysis	X	X											
TLC Staff in Place	X	X	X	X	X	X	X	X	X	X	X	X	X
Train TLC Staff		X	X	X									
Identify Expatriate Expertise	X	X	X	X	X								
Renovated	X	X	X										
Operational Procedures		X	X	X	X	X	X	X	X	X	X		
Service Plans	X	X	X	X	X	X	X	X	X	X	X		
Job Placement Service				X	X	X	X	X	X	X	X		
Public Relations Campaign/	X	X	X	X	X	X	X	X	X	X	X		
Advisory Board	X	X	X	X	X	X	X	X	X	X	X		
Student Evaluation				X	X	X	X	X	X	X	X	X	X

Annex H

CONVENTION

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between the Romanian State Secretariat for the Handicapped and Project Concern International, an American private voluntary organization

The State Secretariat for the Handicapped (hereafter referred to as the SSH), represented by Professor Viorel-Dan Cristescu, Under-secretary of State, and Mrs Maria Coman, Director, and Project Concern International (hereafter referred to as PCI), represented by Mr Tom Tauras, Country Director, agree to collaborate together to establish a model Transitional Living Center for previously institutionalized adolescents with physical, mental, social and/or associated handicaps The goal of this project is to provide the necessary socialization instruction and vocational training to the participants of the Transitional Living Center program to permit them to be integrated into community life

ARTICLE 1 - OBJECTIVES

A To open a model, transitional living center for previously institutionalized adolescents with physical, mental, social and/or associated handicaps in order to prepare them for integration into community life

B To provide necessary socialization and life skills instruction to the transitional living center residents

C To provide necessary vocational training to the transitional living center residents

D To provide job placement counseling and support for transitional living center residents

E To provide follow-up support for a period of one year to the graduates who are living in the community to assure and support their successful integration into society and to ensure that they are not being exploited in any way

F To train the transitional living center staff so that they can provide the necessary care and instruction to the residents as well as act as role models

ARTICLE 2 - IMPLEMENTATION

The parties agree to the implementation process which will be carried out by PCI in collaboration with the involved Romanian parties

A The transitional living center site is provided to PCI by the Ministry of Health through the judet health authorities in the judet of Vilcea It is located in the community of Maldaresti, 3 kilometers south of Horezu and previously was a private estate which has belonged to the Horezu Hospital since 1954 The value of this property has been independently appraised at Lei 75 million

B The site will be renovated to include a residence for 20 -25 residents, 6 houseparents, and 4-6 American professional volunteers, a workshop; a physical therapy room, a barn The site also includes a cultivatable field

C Staff will be selected by PCI with the collaboration of all involved parties and will probably include a center director, 6 houseparents, educators and instructors

D Staff will be trained by expert consultants of SSH, PCI and other relevant agencies

E Specific criteria for resident participation will be developed by Romanian counterparts together with PCI expert consultants

F A special education curriculum for transitional living center residents will be developed by specialists of SSH, PCI and other relevant agencies

G A vocational education program will be developed in collaboration with Romanian counterparts based on information provided in a Labor Market Survey conducted by the Department of Economics at the University of Craiova in collaboration with the Chamber of Commerce of Vilcea

H Once the center is ready, residents will be moved to the location from various home hospitals for handicapped children

I Once residents are ready to "graduate" from the program, they will be supported with job placement and helped to find community living accommodations

J 'Graduates" will be provided follow-up support for a period of one year

ARTICLE 3 - RESPONSIBILITIES

A Project Concern International endeavors to the best of its ability to

1 - Arrange to finance the renovations to the center as needed

2 - Furnish the center as needed.

3 - Cover all center operating and maintenance expenses for the initial period of 12-18 months This includes, but is not limited to, food, fuel, utilities, clothing, incidentals (soap, shampoo, laundry detergent, etc), and staff salaries

4 - Provide an expert consultant to develop selection criteria for program participation

5 - Provide an expert consultant to assist in developing a special education program for the residents

6 - Provide training to staff

7 - Provide general oversight and management of the project

B The State Secretariat for the Handicapped endeavors to the best of its ability to

1 - Provide Romanian counterpart(s) to work with the PCI expert consultant(s) to develop selection criteria for potential residents

2 - Provide Romanian counterpart(s) to work with the PCI expert consultant(s) to develop the special education program for potential residents

3 - Approve the selection criteria for participation which will be developed by PCI expert consultant(s) together with Romanian colleagues

4 - Approve the special education program which will be developed by PCI expert consultant(s) together with Romanian colleagues

5 - Permit and facilitate the transfer of residents from various home hospitals for handicapped children to the transitional living center site in Maldaresti. Provide the transportation

6 - Authorize the territorial state inspectorate for the handicapped in Vilcea to supervise the activities of the transitional living center as part of its normal workplan

7 - Begin to assume some of the operating costs of the Transitional Living Center 12-18 months after the center opens by transferring at a minimum the funds normally budgeted to the camin spital for maintenance of the children who have now been transferred from the "camin spital" to the Transitional Living Center These children will graduate to community living after a maximum of 12 months in the TLC program

8 - Review the progress of the transitional living center program after its initial year of operation and its cost effectiveness so that a second transitional living center can be planned and implemented by the SSH if deemed desirable and efficient

9 - Make arrangements for the return to the appropriate government of Romania institution or agency any residents who, for whatever reason, are unable to adapt to a non-institutional living environment

10 - Budget additional funds to continue to finance the operation and maintenance costs of the Transitional Living Center after PCI fulfills this obligation after the initial 18 months

ARTICLE 4

PCI expresses its desire to be made aware of other similar programs or projects being implemented by the SSH in collaboration with other organizations so that we may share our experiences in order to best serve the target client population

ARTICLE 5

This Convention is valid for three years from the date of signature, with the possibility of being extended with the written agreement of both parties

Any modification of the program made by either party will become effective only with the written agreement of the other party

Either of the parties can denounce the Convention by written notification given 90 days in advance

This Convention was signed in Bucharest on AUG 20, 1992, presented in six (6) copies, three (3) in Romanian and three (3) in English, both texts having the same validity

SIGNATURES

ROMANIA

The State Secretariat for the Handicapped

Professor Viorel-Dan Cristescu

Under-Secretary of State

Mrs Maria Coman

Director

UNITED STATES OF AMERICA

Project Concern International

Mr Thomas J Taura

Director/Romania

Annex I

PROJECT OPERATIONS

A *Develop organizational structure to comply with project services*

B *Develop descriptions and key responsibilities*

C *Recruitment of staff*

1 Hiring policies are determined
2 Methods of advertising for positions determined
3 Schedule for hiring staff determined in coordination with program operations
4 Interview procedures, materials, questions and process developed and operational.
5 Advertising of positions coordinated with schedule
6 Hiring decisions are timely to comply with program operations

D *Training of staff*

1 Project orientation program determined, to cover project goals, operating procedures, PCI policies, management of population, training techniques, health, safety, and staff/student interaction
2 Core training program topics identified for first six months of employment
i.e. Basic First Aide, Positive Behavior, Intervention Techniques, Goal Planning, Methods of Communicating and Coordination, Laws and Regulations affecting operation of project
3 Solicit training needs per staff member input
4 Training schedule developed to upgrade skills of staff per responsibilities, revise semi-annually
5 Evaluate staff participation training and self-improvement through internal/external sources

E *Recruitment of project participants*

1 With SSH, develop survey instrument to identify population of 16 to 18+ in institutions.
2 SSH mails survey to institutes with return deadline
3 Data collected and interpreted to identify initial pool of candidates
4 Arrange intake interview schedules to identify pool of 25 candidates
5 Survey families to identify family support, interest in participation and potential number of candidates able to return to family (extended)
6. Identify first 6 candidates
7 Conduct person-centered planning to determine individual goals and expected outcome of PCI services
8 Establish admission dates and protocol with appropriate government officials
9. Enroll candidates.
10. Initiate TLC services
11. Report ????? ??????

F *Maintain recruitment activities*

1 Establish time schedule and sequence of activities to assure steady flaw of participants
2 Evaluate efficiency of recruitment process on a quarterly basis. Assess time management
3 Review and revise process with SSH
4 Maintain communication with referral sources on status of candidates (quarterly)

G. *Transportation procedures and processes operational*

1 Identify all transportation resources in area affected by project
2 Develop and maintain resource/information manual for staff use to support participant activities
3 Define procurement process of transportation use
4 Per project activities, and participant(s) schedules develop transportation schedules.
5 Per participant, as required, develop transportation plans (modify as required)(written)
6 Train staff on use of public transportation (demonstrate competence)
7 Develop and maintain emergency procedures

H. *Public relations*

1 Identify goals of public relations
2 Determine audiences
3 Identify PR activities which reach targeted audience
4. Develop timeline for PR activities
5. Develop operational procedures per activity
6. Identify PR events which enhance relationships with ,local community, employers, officials
7 Develop and maintain procedures to measure impact of PR activities
8 Review and revise PR activities on quarterly basis

I. *Coordinate volunteer schedules and logistics based on site/participant needs.*

1 Identify initial project support needs (first six months of operations)
2 Determine needs per management/operations, residential services, vocational services, and support services
3. Identify resources for volunteers and create potential pool (more here, per PCI procedures)

GOVERNMENT/COMMUNITY RELATIONS

A *Develop inter-government support for project*

1 Identify all key government offices, officials and political factions
2 Define organizational structure of national government ministries and identify inter-government linkages
3 Form national level advisory committee to project for purpose of future replication
4 Identify all laws and regulations which impact on or benefit project
   4.A. Health
   4.B. Handicapped
   4 C. Labor
   4 D Social Welfare
   4 E Education
5 Identify current adverse laws and regulations which inhibit project services
6. Develop joint memorandum of understanding to facilitate operation of project (seek waivers)
7 Maintain quarterly meetings of interagency advisory committee, with agenda and status reports

B *Develop relationship with key Parliament members and elected officials*

1. Maintain communication of project status
2 Involve in PR events.
3 Seek their support for legislation and financial assistance

C *Develop inter-community advisory committee for T L C*

1 Identify all key officials, community leaders and government offices responsible for services required by the participants.
2 Define existing structure of community organizations, people and their degree of influence on the community
3 Form inter-community advisory committee
4 Identify group tasks that enable advisory committee to support/serve the T L.C.
5. Identify barriers to TLC activities and seek advisory committee advice and intervention.
6 Maintain quarterly meetings of advisory committee

D *Develop format to maintain information flow to government and community officials (newsletter)*

1 Identify audience, broad contact and potential influence to benefit project.
2 Create and verify mailing list
3. Develop format for newsletter
4 Implement and maintain mailing schedule
5 Obtain feedback on information flow, seek and use criticisms to improve quality and content of information
6. Expand information distribution 20 % each quarter to access and maintain support for the project

RESIDENTIAL SERVICES

A *Facility is operational*

1 Funding is secured to initiate and complete renovations to the house
2. Building renovations completed on schedule
3. Furniture is identified, procured and on site to begin admissions to the facility
4. Fuel supply source is identified and supply is adequate for consumption requirements
5 Utilities are installed and functional
6 Food and maintenance supplies are determined sources able to supply required quantities
7 Preventive maintenance and building maintenance schedules are developed and modified during initial operation to establish routine events schedule
8 Monthly and quarterly inspection schedules are developed and maintained
9 Procedures for corrective actions in place, functional and maintained.

B. *Staff are of highest quality and competent to provide residential services*

1 Job description are developed
2 Staffing pattern and work schedules developed
3. Staff hired per schedule.
4 Staff training initiated and conducted per schedule/topics
5 Work schedule evaluated periodically to determine effectiveness for operations

C *Operational procedures are developed and implemented*

1 Organization of staff is effective to serve participates/modify per population
2 Emergency procedures are developed, tested, and operational
3 Process of admission and discharge are functional and meets needs of participants
4 Methods for identifying living arrangements (post-TLC) are determined per participant
5. Volunteers are used affectively to meet training needs of staff or participants
6. Organization of post-TLC services are in place and capable of meeting needs of participants
7 Linkages with county offices responsible for required services are in place and functional
8 Program operations evaluated quarterly with staff to determine needs and required modifications

D. *Services provided meet goals and objectives of each participant's service plan*

1 Each participant's plan of service is reviewed with staff prior to or upon admissions
2 Life-skills training available and provided.
3 Social skills training available and provided
4. Personal-care determined and training provided to achieve independence
5 Community-orientation training provided

6. Recreational opportunities identified and scheduled to enable participation.
7 Participant/family contacts expanded to enhance relationships and post-TLC supports (as appropriate)
8 Family orientation and training available to allow proper integration of the participant into the family structure and functions (as appropriate)
9. Follow-up plan developed and coordinated with local officials prior to discharge from TLC.
10 Participants's plan of service reviewed monthly to determine skill acquisition and progress toward stated outcome goals
11 Evaluated Participant adjustment to community, post-TLC and provide supports as required
12 Evaluate status of individuals on a quarterly basis to determine impact of TLC services
13. Adjust TLC services based on outcomes and quarterly assessments of prior participants

VOCATIONAL SERVICES

A. *Vocational services are operational*

1 **Funding is secured to initiate and provide intensive services, with requested follow-up supports**
2 **Labor market analysis is negotiated with University and completed**
3. **Resources to perform vocational training, work experience and job training are identified.**
4. **Operational procedures are determined and field-tested**
5. **Operational procedures are reviewed quarterly and modified to address service needs of participants**
6 **Quarterly evaluation of services conducted**

B *Staff are of highest quality and competency to provide vocational services.*

1 **Job descriptions are developed**
2 **Staffing pattern and work schedules developed**
3 **Staff hired per schedule**
4 **Staff training initiated and conducted per schedule/topics**
4.A. Topics must include:
- *Person centered planning*
- *Transportation training techniques*
- *Market for job opportunities*
- *Job development techniques*
- *Task analysis of work routines*
- *Environment/socials analysis of work environment*
- *Training techniques*
- *Development of natural supports in the work place and community*
- *Long-term support service strategies*
- *Management of case load*
- *Labor and social protection laws and regulations*

5 **Case assignments managed to produce services required by participants**
6 **Quarterly review of services conducted to evaluate reliance to participant's plan of service and potential labor market opportunities.**

C *Operational procedures are developed and implemented*

1 **Organization of staff is effective to serve participants/modify per population served.**
2. **Emergency procedures developed.**
3. **Person-centered planning operational and realistic for receiving community**
4 **Volunteer are used effectively**
5 **Linkages with county offices responsible for employment services are in place.**
6. **Program operations evaluated quarterly with staff to determine needs and required modifications**

Annex J

TRANSITIONAL LIVING CENTER SURVEY NOVEMBER 1992

Survey completed by _____
(name) (position)

1 NAME OF CHILD _____

2 SEX (M/F) _____ 3 DATE OF BIRTH _____ 4 AGE ____

5 Place of birth _____ ____
(town) (judet)

6 Date of entrance to camin spital? _____

7 Previous residence before current camin spital (leagan, scoala ajutatoare, other camin spital, with parents, with grandparents, etc)

_____

8 Does this child ever have visitors? _____

9 If yes, who are they? (mother, father, grandparents, friends, etc)

_____

10 How often do they visit? (weekly, monthly, once a year, etc)

_____

11 Has s/he been allowed to spend time away from the camin spital? _____

12 Information on known family members

Name _____ Relationship _____

Address _____ Telepone _____

13 Describe type of handicap (Physical, Sensorial, Psychic)

_____

_____

14 Describe level of mental retardation (mild, moderate, severe) _____

15 Is medication administered on a regular basis? _____

16 If yes, what medication for what condition? _____

_____

1/2

17 Can this person pick up a book from one table and move it to a specific place, if requested to do so?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

18 Can this person walk unassisted?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

19 Can this person dress himself/herself?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

20 Can this person feed himself/herself with a spoon?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

21 Is this person toilet trained?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

22 Is this individual able to communicate his/her needs to others?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

23 This person communicates with

WORDS SOUNDS MOVEMENTS

24 Is this person frightened by exposure to new people?

ALWAYS MOST OF THE TIME SOMETIMES NEVER

25 If you show this person a specific object, can s/he identify it among a group of objects

ALWAYS MOST OF THE TIME SOMETIMES NEVER

Annex K

Protocol for client selection

I Consult data base for the list of adolescent from camin spital to select the clients and the areas

II Contact camin spital from this areas and the teritorial inspector from State Inspectorate for Handicapped

III Assesment trip at the camin spital - establish appropiate clients

IV Notification and thanking for cooperation to director of camin spital and inspector

- notify the results of the trip specific about possible clients

V Second visit at camin spital to see/ speak with possible clients and the director

1 Discution about TLC transfer with staff and particularly with clients

2 Medical requierments for the clients

- AIDS test
- Hepatita B test
- Aviz epidemiologic

Recipt of medical information

3 Arrange transportation

VI Possible visit at TLC together with the future clients and some of the staff from camin spital

VII Transfer clients

1 Transfer from camin spital aproved by the State Inspectorate for Handicapped

2 Transfer aproved by the county authorities if necessary

Outline of Assessment Criteria

1) Social Behaviors and Competency

2) Communication and Language Development

3) Personal Care and Maintenance

4) Food Preparation

5) Home Maintenance

6) Time Management

7) Functional Academic Skills

8) Community Utilization

I Social Behaviors and Competency

1 knows self and parents

2 knows names of people in environment

3 has information about others (job, address, or relation to self)

4 interacts with others in group games or activities

5 shares toys, clothing, or teacher's time

6 takes turns in groups

7 listens when others speak

8 courteous in language and acts (consideration of others' feelings)

9 accepts frustration

10 offers assistance to others

11. is willing to help if asked

12 is not too familiar with strangers

13 is appropriate in making friends

14 understands appropriate physical distance

II Communication and Language Development

A) Expression

1 verbal expression
is able to say a few words
communicates thrist, hunger, sickness, pain and toileting necessities
recites full name upon request
2 articulation
assess rate, volume, coherence, clarity
3 writing
writes or prints own name
writes sensible and understandable letters
4 sentences
speaks in primitive phrases
speaks in simple sentences (3-5 words)
asks questions using words such as "why", "how", "what"

B) Comprehension

1 reading
recognizes various signs
recognizes words by sight
2 complex instruction
responds after receiving instruction
responds to directions or safety signals

C) Social Language Development

1 conversation
uses phrases such as "please", "thank you"
shows interest in communicating
2 age related development
can be reasoned with
responds when talked to
enjoys magazines
repeats a story
converses with adults

III Personal Care and Maintenance

1 uses toilet independently

2 adjusts clothing appropriately before leaving restroom

3 washes hands after using restroom

4 prepares and completes bating without aid

5 brushes teeth daily

6 completely dresses self

7 knows to change into clean clothing

8 puts on shoes without assistance

9 goes to bed unassisted

10 knows body parts

11 sits properly at table and remains seated during meals

12 utilizes utensils appropriately

13 refrains from taking food from others

14 eats with minimal assistance and mess